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SHROPSHIRE EDUCATION COMMITTEE

SCHOOL HEALTH SERVICE

REPORT

OF

***THE PRINCIPAL SCHOOL
MEDICAL OFFICER***

1959

COUNTY HEALTH OFFICE • COLLEGE HILL • SHREWSBURY

August 1960

TO THE CHAIRMAN AND MEMBERS OF THE SHROPSHIRE EDUCATION COMMITTEE

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have pleasure in presenting the Annual Report on the School Health Service for the year 1959.

It is impossible to write a report for any one year without considering what has gone before and indeed what is happening now. The School Health Service is, as it should be, a progressive one, geared to meet the demands of the times. Ideas, thought of and discussed perhaps more than a year ago, have been put into operation, and are often altered to give the best service to the children in our care.

Looking back on 1959, one thinks of it as a year of recovery. The extensive Poliomyelitis Vaccination scheme, which dominated the picture in 1958, was more or less over, apart from "mopping up" operations which were done mainly in the clinics, and it is very agreeable to us that the good acceptance rate and progress of 1958 meant that we did not have to invade the schools for further large scale vaccination sessions in 1959.

As a result of this, routine medical inspections are once again being done in substantial numbers. One has only to contrast the number of defects discovered in 1959 with those of 1958 to realise how important these Routine Medical Inspections are.

Children referred from School Medical Inspections for Treatment and Observation

	1959	1958
Eye defects	3,168	1,280
Nose and Throat defects	1,817	888
Speech defects	270	125

The Problems of Handicapped Children—their adjustment both at home and in school; their parents' adjustment to them; their educational and social needs—have continued to afford a most interesting and fertile field of work, and one in which our Medical Officers and Health Visitors take great interest, supplementing the work of the Education Department. Although much is being accomplished, one could wish that more time, which in turn means more staff, were available to extend this service. Two valued doctors of the School Health Service's field staff are resigning as we write, and so far only one replacement has been found. Yet we must acknowledge ourselves more fortunate in Shropshire in respect of both number and quality of medical staff than are many other counties. Our establishment is probably adequate and our margin of deficiency is not perhaps too great.

This Report has been produced, as the work it describes has been planned and carried out, mainly under the supervision of Dr. N. V. Crowley. I have deliberately left it largely as the expression of her opinions, knowing that these are increasingly appreciated and valued by the Education (Welfare) Sub-Committee, who are responsible for School Health matters, and by our professional colleagues in the Schools and Education Department no less than by my own Department and myself. I have studied this report of work so largely promoted and organised by her with great interest and some satisfaction. I think the results she has achieved during the year are quite remarkable.

The Education Department's original conception behind the class for partially deaf children in Coleham School, which was started in April, 1958, is being well realised. The work of the class is linked with a wider service to parents throughout the County, and in all this work at Coleham there is the closest co-operation between consultant otolaryngologist, teachers, Education and Health Departments, which has contributed to the building up of a very good service which grows apace.

A second interesting development which was started by the Education Department in March, 1958, is the formation of a nursery group for pre-school handicapped children. The group meets for two half-days each week and the improvement, especially the social and emotional improvement of these children, is most gratifying. Some of the children are transferred from the group to ordinary schools, others are admitted to special schools suited to their handicap, but all have been helped considerably by their stay with the group.

A third excellent development, begun in 1959 and continued in 1960, is the visiting of "out county" residential schools where the Shropshire Education Authority has children maintained for specialised education. This "Combined Exercise" by Education and Health Departments in concert affords information most valuable in the Education Department's final choice of a school best suited to the needs of the children.

The refinements of provision of special facilities for handicapped children are alluded to above, and on pp. 11 ff.; the visiting of themselves and their families at home on pp. 12 and 13 and 25; and the work for the deaf on pp. 21—26.

The results of the work on Vaccination and Immunisation described on pp. 30—33 are extremely good.

Most important perhaps of all are the establishment and fostering of good relationships with our Educational and Surgical and Medical Specialist colleagues so that an increasingly comprehensive School Health Service is available and operative for the children of the County.

The inadequacy of the premises in which much of the practical side of this important work is done has reached a point when it can only be described as "impossible." That is, we are at a deadlock. We cannot go on with this service (much less expand it substantially as the order to institute a fourth injection for Poliomyelitis might require) because existing accommodation will not hold another person or facility, and very intensive studies in the early summer of 1960 have satisfied us that even our present methods are not sufficiently good. What the future of this is to be is the greatest problem at present facing the Health Department, and no quick and easy solution is in sight.

Simultaneously the expansion of our Mental Welfare Service required by the new Mental Health Act, 1959, means that our workers increase from three Mental Welfare officers and one clerk to five Mental Welfare Officers, one Social Worker, one Psychiatric Social Worker, and two clerks. Of these nine workers, six are already employed and a seventh has been appointed. The office accommodation available for them consists of two garrets whose floor areas are 15ft. by 14ft. and 8ft. by 11ft. respectively, or 300 square feet approximately, and the area is further reduced by extensive filing cabinets, sloping roofs and dormer windows; nor can we at the time of writing find anywhere else to put them. So our accommodation, never generous, has now clearly passed saturation point.

Our Speech Therapy Service is one which must afford us satisfaction. Mr. Paulett, whose interesting report is on pp. 18—21, provides a service appreciated alike by children and their parents, our Education and Medical staff and the Hospital Specialist Services. It is a matter for congratulation that he continues to keep us supplied with a full complement of staff so efficient and attractive that it is now almost axiomatic that “a Shropshire Speech Therapist will go far” (p. 19). In all seriousness, however, this illustrates something about which appointing Committees sometimes seek the advice of their officers. It is generally better to prefer the young and enterprising candidate even though she may only stay a year or two. In a service where it is so important to secure the interest and co-operation of the child patient, the young therapists we have had have done good work, and each has probably contributed something new to our service and ideas.

The fact of having a considerable “turnover” of staff may in itself be no bad thing for an Employing Authority. To enjoy a reputation not only for treating staff well, but also of being a good “jumping off place” may well be in itself some earnest of success in recruiting newcomer replacements of good quality.

I thank all our staff for the excellent service they have given to Shropshire in 1959, the officers of the Education Department for their most welcome and intimate co-operation throughout the year, and the Chairman and Members of the Education (Welfare) Sub-Committee for their consistently sympathetic consideration and support.

I have the honour to be,

Your obedient Servant,

T. S. HALL,

PRINCIPAL SCHOOL MEDICAL OFFICER.

COUNTY HEALTH OFFICE,
COLLEGE HILL, SHREWSBURY
(Tel. No. 52211)

August, 1960.

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23rd February, 1960)

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GOUGH, MISS D. W.

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WELCH, VERY REV. CANON T. A.

WILLIAMS, LADY JAQUETA, J.P.

STORRAR, MRS. R., J.P.

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LEE, R.

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MORRIS, MRS. E. L.

MORRIS, P.

POWELL, R.

RIDDELL, J. R.

STORRAR, MRS. R.

THOMAS, E. B.

WILLIAMS, LADY JAQUETA

MEDICAL, DENTAL AND ANCILLARY STAFF

Principal School Medical Officer :

THOMAS S. HALL, M.B.E., T.D., M.D., B.Ch., B.Sc., D.Obst.R.C.O.G., D.P.H.

Deputy Principal School Medical Officer :

*WILLIAM HALL, M.B., Ch.B., M.R.C.S., L.R.C.P., D.Obst.R.C.O.G., D.P.H.

Administrative and School Medical Officers :

NORA V. CROWLEY, M.B., B.Ch., B.A.O., D.C.H., L.M.

ALICE N. O'BRIEN, M.B., Ch.B.

School Medical Officers :

KATHLEEN M. BALL, M.B., B.Ch., B.A.O., D.P.H.

AGNES D. BARKER, M.B., Ch.B.

*ELIZABETH CAPPER, M.B., Ch.B., D.P.H.

SHEILA M. G. CROSLAND, M.B., B.S. (part-time) (appointed 13th April, 1959)

*CLEMENT BAXTER HIGGIE, M.R.C.S., L.R.C.P., D.P.H.

BRYAN V. LLYWARCH, M.B., Ch.B. (appointed 1st March, 1959)

FLORA MACDONALD, M.B., B.S., D.P.H.

*ALASTAIR COLIN MACKENZIE, M.D., Ch.B., D.P.H.

*CATHERINE B. MCARTHUR, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

VIOLET G. PRITCHARD, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H. (part-time) (appointed 22nd September, 1959)

ELIZABETH R. POLLAND, L.R.C.P. & S., L.R.F.P.S. (part-time) (appointed 19th January, 1959).

*MARGARET H. F. TURNBULL, M.B., Ch.B., D.P.H.

Principal Dental Officer :

CHARLES D. CLARKE, L.D.S.

School Dental Officers :

Whole-time :

NOEL GLEAVE, L.D.S.

JOHN W. REECE, B.D.S. (appointed 21st September, 1959)

DAVID ROGERS, L.D.S., B.D.S. (resigned 31st August, 1959)

GEOFFREY H. STOUT, L.D.S.

GEORGE B. WESTWATER, L.D.S.

Part-time :

IAN CHADWICK, L.D.S. (resigned 1st July, 1959)

RONALD CULLWICK, L.D.S.

RONALD R. DOMB, L.D.S. (resigned 8th June, 1959)

ANDREW DUNN, L.D.S. (resigned 31st March, 1959)

JOHN R. HARRIS, B.D.S., L.D.S. (appointed 3rd September, 1959)

ANTHONY HOLLINGS, B.Ch.D., L.D.S.

JOHN MCCORMACK, B.D.S., L.D.S. (appointed 22nd September, 1959)

IAN MACPHERSON, L.D.S. (appointed 11th February, 1959)

REGINALD H. N. OSMOND, L.D.S.

DAVID A. REES, B.D.S., L.D.S. (appointed 9th September, 1959)

MYFANWY THOMPSON, L.D.S. (appointed 1st May, 1959)

JOHN H. WICKERS, B.D.S., L.D.S. (resigned 31st March, 1959)

MICHAEL J. WOODMAN, B.D.S., L.D.S. (appointed 27th June, 1959) (resigned 22nd August, 1959)

*Also District Medical Officer of Health.

Consultant Orthodontists (part-time) :

BRIAN T. BROADBENT, F.D.S.

MICHAEL F. SCOTT, L.D.S.

Dental Technicians :

NORMAN J. RUSHWORTH

CLIVE EVERINGHAM (apprentice)

Dental Hygienist :

NANCY SMITH (appointed 1st July, 1959)

Consultant Child Psychiatrist (part-time) :

JAMES A. CRAWFORD, L.R.C.P. & S., L.R.F.P. & S., D.P.M.

Educational Psychologists :

JOHN L. GREEN, B.A.

MARGARET THOMPSON, B.A.

Psychiatric Social Workers :

KATHLEEN CARPENTER, B.A. (resigned 15th August, 1959)

KATHLEEN E. HUNT (appointed 1st November, 1959)

Senior Speech Therapist :

EDWARD PAULETT, L.C.S.T.

Speech Therapists :

SHIENA M. BOWEN, L.C.S.T. (appointed 1st October, 1959)

MARGARET ELIZABETH FRANKLIN, L.C.S.T. (resigned 31st August, 1959)

MAUREEN A. JAMES, L.C.S.T. (appointed 1st September, 1959)

HELEN IRVING MILLAR, L.C.S.T. (resigned 27th June, 1959)

Consultant Chest Physician (part-time)

ARTHUR T. M. MYRES, B.A., B.M., B.Ch., M.R.C.P., M.R.C.S., L.R.C.P.



REPORT FOR THE YEAR 1959

GENERAL

The area covered by the Local Education Authority comprises 861,800 acres; and in June, 1959, the civil and military population, as estimated by the Registrar-General, was 300,300—an increase of 1,300 compared with 1958.

The number of pupils on the school register in 1959 was 46,925, compared with 46,724 in the previous year—an increase of 201.

At the end of the year, there were in the County of Salop, including the Borough of Shrewsbury, the following schools :

<i>Non-Residential</i>	<i>Schools</i>	<i>Departments</i>	<i>Pupils on Register</i>
Nursery	3	3	129
Primary (County)	79	81	14,075
Primary (Voluntary)	174	177	13,840
Secondary Modern (County)	26	28	11,894
Secondary Grammar (County)	12	12	4,575
Secondary Grammar (Voluntary)	5	5	1,353
Secondary Technical	3	3	782
<i>Residential :</i>			
Secondary	1	1	60*
Special	3	3	176
Hospital	1	1	101
TOTAL ..	307	314	46,925

*On registers of other schools and therefore excluded from grand total

The staff of the School Health Service during 1959 was as follows :

	<i>1st January</i>	<i>31st December</i>
Principal School Medical Officer	1	1
Deputy Principal School Medical Officer	1	1
School Medical Officers	4	5
School Medical Officers (Part-time)	6	9
Principal School Dental Officer	1	1
Dental Officers	4	4
Dental Officers (Part-time)	7	7
Orthodontists (Part-time)	2	2
Dental Hygienist	—	1
Dental Technician	1	1
Apprentice Dental Technician	1	1
Dental Attendants (Full-time)	7	7
Dental Attendants (Part-time)	6	6
Speech Therapists	3	3
Whole-time School Nurses	3	3
Part-time School Nurses	4	3
Health Visitors undertaking School Nursing	23	23
District Nurses undertaking School Nursing	31	31

During 1959 there were five full-time Assistant County Medical Officers in the employment of the Council. Three gave a little less than 50 per cent. of their time to School Health work and the rest to Maternity and Child Welfare and other work. Of the two other Officers, one devoted 75 per cent. of her time to combined School Health and Administrative duties and the remainder to Maternity and Child Welfare and other work, whilst the second gave 10 per cent. of her time to School Health work and the rest to Administrative, Maternity and Child Welfare and other work.

In addition, two part-time Officers gave services equivalent to that of a full-time Officer, devoting half of their time to School Health work and the rest to Maternity and Child Welfare and other work. A third part-time Officer gave service during the year equivalent to three-elevenths of a full-time Officer, two-thirds of this time being devoted to Poliomyelitis Vaccination and the rest to B.C.G. Vaccination and Dental Anaesthetics. A fourth part-time Officer gave service equivalent to one-eleventh of full-time, and was employed entirely on B.C.G. Vaccination work.

Five Assistant County Medical Officers also held "mixed appointments" as District Medical Officer of Health, four giving about one-third of their time to District duties, somewhat less than one-third to School Health work and the rest to Maternity and Child Welfare and other work. The fifth Medical Officer gave one-twelfth of her time to District duties, half to School Health work and the rest to Maternity and Child Welfare and other work.

The number of children examined at routine medical inspections was 16,520, compared with 7,255 in 1958 when medical inspection work gave prior place to Poliomyelitis Immunisation.

MEDICAL INSPECTION AND TREATMENT

Routine Medical Inspections.—Under Section 48 of the Education Act, 1944, it is the duty of the Local Education Authority to provide for the medical inspection of all pupils in attendance at maintained schools, including County Colleges; and under this Section parents are required to submit their children for inspection when requested to do so by an authorised officer of the Local Education Authority.

The obligation of the Local Education Authority to provide free medical treatment is almost entirely discharged through the facilities made available under the National Health Service Act, 1946, and children found to be suffering from defects, ascertained in the course of a Routine Medical Inspection or attendance at a School Clinic are, save for certain agreed defects, referred in the first instance to their own doctors. Such pupils are followed up by the School Nurses and where specialist advice or treatment is needed this is arranged either through the family doctor or direct with one or other of the Hospitals in the Birmingham Regional Hospital Board's area as listed on page 35.

Particulars of the School Clinics provided by the Local Education Authority are given on pages 36 and 37.

Treatment of Eye Conditions.—A total of 2,952 children, suffering from defective vision or other affections of the eye, was dealt with during 1959 in one or other of the following ways :

Hospital Eye Service.—Treatment for children suffering from eye conditions is arranged as far as possible through the Hospital and Specialist Services provided by the Regional Hospital Board; and during the year 633 school children were so treated.

Supplementary Ophthalmic Services Scheme.—At Ludlow arrangements are made for pupils to be examined by an Ophthalmic Medical Practitioner, and during 1959 some 72 pupils were dealt with by this Consultant.

Many school children are referred by general medical practitioners to Ophthalmic Medical Practitioners or Ophthalmic Opticians for treatment for defective vision, and during 1959 a total of 2,247 school children was so referred.

Tonsil and Adenoid Conditions.—Next to defects of vision, tonsil and adenoid conditions are those most prevalent in school children, and all cases for whom treatment is recommended are examined as soon as possible by an Ear, Nose and Throat Specialist. The Consultant, in deciding whether operative treatment is necessary, also allots whatever degree of priority he considers applicable at the time of examination.

According to statistics supplied by the various Hospital Management Committees, 534 operations were performed during 1959 at hospitals as indicated below :—

<i>Hospital Management Committees</i>	<i>Hospitals</i>	<i>Operations in 1959</i>
Group No. 15—	Copthorne, Shrewsbury	221
	Eye, Ear and Throat, Shrewsbury	134
	Whitchurch Cottage	24
	Ludlow District	19
		<hr/> 398 <hr/>
Group No. 16—	Bridgnorth and South Shropshire Infirmary	62
	Shifnal Cottage	69
	New Cross Hospital, Wolverhampton	2
	Royal Hospital, Wolverhampton	3
		<hr/> 136 <hr/>

These figures include an unascertainable number of cases of children of school age who do not fall within the purview of the School Health Service.

Foot Inspections.—Following the incidence of plantar warts amongst pupils attending Grammar, Technical, Modern and Senior Schools in the County it was decided in September, 1958, to introduce an inspection once per term of the feet of all pupils in attendance at these Schools. Each inspection is attended by the School Doctor and the School Nurse, the latter keeping appropriate cases under observation and ensuring that treatment is obtained.

The inspections were continued in 1959 and in the majority of the schools visited, cases of Verruca and Athlete's Foot were discovered and referred to the family doctor for treatment. The condition of the feet was not entirely satisfactory but showed a marked improvement over the previous year. Generally the standard of cleanliness was much higher amongst the girls than the boys. Where necessary the Medical Officers gave instruction in the care of the feet and practically all schools showed a great improvement on the occasion of follow-up inspections. The total number of half-day sessions devoted to these inspections amounted to 174.

In view of a suggestion that Verrucae might be spread by attendance at swimming baths, all pupils inspected were questioned by the School Medical Officers on this point. From the information obtained it is apparent that there is no reason to believe that swimming baths provide such a source of infection.

Treatment of Minor Ailments.—Particulars of clinics provided by the Local Education Authority for the treatment of minor ailments are included in the list on pages 36 and 37 of this report.

Since 1948, the nutrition and physical health of the average child have improved, and all now have their family doctor who should be, and generally much prefers to be, consulted about anything significant. Doctors and Nurses of the School Health Service watch carefully the trend of attendances at the Council's clinics and recommend reductions of sessions if they are not needed. The time thus saved should be given by the School Medical Officers to following up handicapped children and those found to need treatment at routine inspection; whole-time school nurses should teach health education in schools with the agreement of the Head Teachers; and Health Visitors should do the same and carry out health visiting in co-operation with Family Practitioners.

Nineteen school clinics existed in January, 1952; the attendances during 1959 at the six remaining are very few for the number of openings, and it would seem that the service hardly justifies itself unless the school doctor or nurse is at the clinic primarily for some other purpose and is merely "available" for a casual school child visitor. This is in fact the more usual situation. The "School Clinic" at Monkmoor is more of the nature of a twice weekly visit or inquiry at this large school of 1,361 pupils (including the adjacent Infants' School) by the whole-time School Nurse for the Borough of Shrewsbury.

At this "School Nurse" session and the "School Doctor" sessions held at Bridgnorth, Market Drayton, Oswestry, Murivance and Wellington Welfare Centres, 285 children made 406 attendances. Examinations made by the School Doctor totalled 329 and 72 of the children were referred to their own doctor.

Ascertainment of Handicapped Pupils.—During 1959, the number of pupils ascertained under the provisions of the Handicapped Pupils and School Health Service Regulations, 1953, was 451 (335 by the School Medical Officers and 116 by the Consultant Psychiatrist), and a summary of the findings and recommendations to the Local Education Authority are given below:—

HANDICAPPED PUPILS

Category	Pupils Specially Examined	Not Handicapped	Decision deferred	Special Educational Treatment Recommended			Reported to Mental Deficiency Authority		Pupils not requiring Supervision on leaving school	Under treatment by Psychiatrist
				In Ordinary School	In Special School	Home Tuition	In-educable	Supervision on leaving school		
Blind	1	—	—	—	1	—	—	—	—	—
Partially Sighted	3	—	—	—	3	—	—	—	—	—
Deaf	1	—	—	—	1	—	—	—	—	—
Partially Deaf	6	—	—	—	6	—	—	—	—	—
Delicate	36	—	—	—	30	6	—	—	—	—
Educationally Sub-Normal	247	31	3	67	48	—	27	48	23	—
Epileptic	2	—	—	—	2	—	—	—	—	—
Maladjusted	116	—	—	—	12	—	—	—	—	104
Physically Handicapped	39	—	—	—	7	32	—	—	—	—
Total	451	31	3	67	110	38	27	48	23	104

In addition, the Medical Officers also carried out a further 441 examinations of handicapped pupils in connection with unsatisfactory school attendance, the provision of transport to and from school and the review of home tuition cases.

The following table gives details of the numbers of pupils ascertained by the School Medical Officers and Consultant Psychiatrist during the period 1948 to 1959:—

				(1) Blind (2) Partially-sighted (3) Deaf			(4) Partially-deaf (5) Delicate (6) Educationally subnormal			(7) Epileptic (8) Maladjusted (9) Physically handicapped			TOTAL
				(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
(i) Examined :													
	1948	..	..	1	6	3	—	18	175	2	6	10	221
	1949	..	..	—	—	1	—	31	221	12	6	30	301
	1950	..	..	—	2	6	5	18	306	3	—	17	357
	1951	..	..	—	2	7	5	34	233	1	106	16	404
	1952	..	..	2	—	4	3	34	370	4	138	11	566
	1953	..	..	2	1	1	3	37	344	—	136	12	536
	1954	..	..	1	4	3	3	27	299	2	115	16	470
	1955	..	..	3	4	2	—	53	264	1	14	22	363
	1956	..	..	2	4	4	5	60	363	2	41	18	499
	1957	..	..	5	5	—	2	35	341	4	43	22	457
	1958	..	..	2	2	—	11	24	204	5	120	34	402
	1959	..	..	1	3	1	6	36	247	2	116	39	451
TOTAL ..				19	33	32	43	407	3,367	38	841	247	5,027
(ii) Recommended for Special School:													
	1948	..	..	1	6	3	—	13	54	1	3	4	85
	1949	..	..	—	—	1	—	24	68	2	2	6	103
	1950	..	..	—	2	6	5	18	106	3	—	8	148
	1951	..	..	—	2	7	5	30	87	1	11	10	154
	1952	..	..	2	—	4	3	27	85	3	15	4	143
	1953	..	..	2	1	1	3	32	99	—	16	7	161
	1954	..	..	1	4	3	3	22	70	1	13	7	124
	1955	..	..	3	4	2	—	41	61	—	10	7	128
	1956	..	..	2	4	3	5	31	110	1	7	9	172
	1957	..	..	5	5	—	2	22	78	4	16	12	144
	1958	..	..	2	2	—	11	18	46	5	13	10	107
	1959	..	..	1	3	1	6	30	48	2	12	7	110
TOTAL ..				19	33	31	43	308	912	23	118	92	1,579

Particulars of the children placed in Special Schools are given in Table V on page 45.

Home Visiting of Handicapped Pupils by School Medical Officers.—For the handicapped pupil, the normal field of opportunity should be opened to the fullest extent compatible with age, aptitude and ability. It is sometimes difficult to decide whether the welfare of the child is best served by attendance at the ordinary school or transfer to a Special School and the assessment which the examining School Medical Officer is required to make calls for wise judgment.

School Medical Officers are advised of every newly ascertained handicapped child in their area and will know in each case the degree of disability, the facilities of the local schools, and even more important, the teachers, Educational Psychologists and Child Guidance staff with whom the child's case can be fully discussed. The desirability of educating a handicapped child in the ordinary school will, from the medical aspect, depend generally upon the availability of ancillary services such as Speech Therapy, Physiotherapy, Orthopaedic and Child Guidance, and classes for the partially deaf. Much too, depends upon the degree of supervision which the handicapped child receives from his own family. The family unit is the fundamental basis

of the child's mental development and security and it is in this sphere especially that the School Medical Officer can give the greatest assistance to parents who are ready to welcome advice on the numerous problems associated with the handicapped pupil in the household. The Medical Officer is in a unique position to advise parents how to secure the many benefits available under the National Health Service, to help with any relationship problems which may exist with other members of the household, often, perhaps to interpret the advice of Consultants when it is not clearly understood by the parents and generally to allay any fears they may have on the future of their children.

If the circumstances of the case are such that residential special schooling is advised, the School Medical Officer must still maintain contact with the child during the holidays, and ultimately, when the child leaves the Special School and has to face the real problem of employment as a disabled person. Any advice which Medical Officers can give to Youth Employment Officers in this respect is often vital to the interests of the handicapped child.

Medical Officers are in possession of the fullest information relating to handicapped pupils in their areas and are expected to visit the various homes as often as possible. Some homes do, however, need visiting more often than others, for example, those of children who suffer from a major handicap (blindness, deafness, epilepsy, physical or mental handicap) and who attend residential schools outside Shropshire. In such cases Medical Officers have been asked to visit the children at home during the school holidays. All such after-care is carried out in close co-operation with the teaching staffs of the residential schools.

A record of these visits is made on cards retained by the School Medical Officer, but emphasis is placed more upon the giving of practical help to the families concerned than the keeping of records, which is of secondary importance in this particular sphere. If the School Doctor in the course of home visiting encounters any difficulty incapable of solution at local level, instructions have been given for the matter to be made the subject of a special report to the Principal School Medical Officer.

The following figures give some idea of the numbers of handicapped pupils in the various categories who are the subject of domiciliary visits. They are, of course also seen in the Schools and Clinics and domiciliary visits are carried out as often as the Medical Officer considers necessary. As the figures show, many children were not visited at home in 1959, and while it is felt that much more should be done in this sphere, current commitments and demands upon the services of the Medical Officers make this impossible at the present time.

HANDICAPPED PUPILS REQUIRING HOME VISITING

	<i>Pupils on list</i>	<i>Visits made</i>
Blind	15	20
Partially Sighted	29	27
Deaf	29	30
Partially Deaf	51	35
Some Hearing Loss	56	25
Delicate	391	217
Educationally Subnormal	517	214
Epileptic	94	69
Physically Handicapped	222	195
	<u>1,404</u>	<u>832</u>

Special Residential Schools for Educationally Subnormal Pupils.

Domiciliary Holiday Visits : In September, 1959, consideration was given to the question of the unsatisfactory condition in which some of the pupils were returning to Petton and Haughton Hall Residential Schools after holiday periods and it was decided to arrange for Health Visitors to make "follow-up" visits during each holiday to the homes concerned, primarily to establish a good relationship with both child and family and also to ensure that each pupil is receiving any necessary medical or nursing care and is returned to the Special School, free from infection and infestation.

There are approximately 90 boys at Petton Hall School and 60 girls at Haughton Hall School and domiciliary visiting was commenced in this connection during the Christmas holiday period, 1959.

Supervision of School Leavers : In November, 1959, the problem of after-care in respect of pupils leaving Petton and Haughton Hall Residential Schools was discussed at a meeting attended by representatives of the Health Department, the Children's Department, the Child Guidance Clinic, the Youth Employment Service and the Heads of the Special Schools, where it was made clear that everyone concerned was anxious to give all the help possible to Special School Leavers.

Liaison between the Secretary for Education and Special Schools, and the Youth Employment Service has always been very close but it was agreed that it would be helpful if Health Visitors and Youth Employment Officers from the area in which the child's home is situated could visit the Special Schools before the child actually left and subsequently "follow-up" each case at home to ensure that the child settles in employment and becomes satisfactorily adjusted to post school life with its various personal and social problems.

Health Visitors are now, therefore, "following up" all Petton and Haughton Hall school leavers and maintaining contact with them in the post school period.

Report to Mental Deficiency Authority.—During 1959, a total of 75 children was recommended for report to the Local Health Authority under Section 57 of the Education Act, 1944—27 under sub-section 3 as being ineducable and 48 under sub-section 5 as being in need of supervision after leaving school.

The comparable figures for 1958 were 17 under sub-section 3 and 47 under sub-section 5—a total of 64.

Education of Children in Hospitals.—The Robert Jones and Agnes Hunt Orthopaedic Hospital is the only one in this County with which the Education Committee have an arrangement for the provision of special educational facilities. In other hospitals in the County, when a child is admitted whose stay is likely to be prolonged, special arrangements are made for a certain amount of individual tuition if the medical condition permits. At Copthorne and Monkmoor Hospitals, Shrewsbury, patients recommended for special tuition in this way attend a class which is held regularly at the hospital concerned by tutors provided by the Education Committee.

Individual cases in other hospitals and sanatoria can be given tuition if required.

Cleanliness Inspections.—School Nurses carry out routine inspections for verminous infestation of pupils in all Primary and Secondary Modern, Technical and three of the Secondary Grammar Schools, follow-up inspections being made of pupils found to harbour nits or lice.

The incidence of infestation is however extremely low in Secondary Modern, Technical and Grammar Schools, and in August, 1959, it was decided to discontinue head inspections at these schools and to arrange for the School Nurse to visit only at the special request of the Heads of the Schools concerned.

Cleanliness inspections in Primary Schools are carried out as early as possible in each term, and an Informal Cleansing Notice issued to the parent of any pupil found to be verminous.

Such pupils are re-examined one week later and, if still found to be verminous, Formal Cleansing Notices are served on the parents by the Principal School Medical Officer, requiring them to disinfest and to present the children for re-examination by the School Nurse at the end of three days.

If on re-examination a pupil is found to be still verminous, the Principal School Medical Officer decides whether or not to issue a Formal Cleansing Order, instructing the Nurse to convey the pupil to the nearest School Clinic to be cleansed by her.

During 1959, a total of 96,970 head inspections was carried out by the School Nurses, and 1,151 pupils were found to be verminous, some on more than one occasion.

The following table sets out the position from 1948 to 1959 :—

Year	Pupils on Register of Schools Inspected	Verminous Pupils	Percentage Verminous
1948	32,873	2,534	7.7
1949	33,424	2,066	6.2
1950	34,593	1,935	5.6
1951	36,259	1,501	4.1
1952	37,545	1,418	3.8
1953	39,187	1,179	3.0
1954	38,448	1,337	3.5
1955	38,527	1,119	2.9
1956	40,152	1,287	3.2
1957	40,574	1,336	3.3
1958	40,753	1,207	3.0
1959	38,794	1,108	3.0

It was found necessary during the year to issue 19 formal Cleansing Notices and one Cleansing Order but in no case was legal action considered necessary.

In the majority of cases infestation is mainly confined to children whose home conditions are unsatisfactory. In such cases School Nurses have the task of dealing with parents and older members of the household, who neglect personal hygiene and consequently re-infest the younger children.

Children from such families are a continual source of infestation to other pupils and cause constant irritation to parents of clean children and to teachers.

The problem of attaining complete freedom from infestation in schools will not be solved completely either by compulsory cleansing or even by prosecution. It will be overcome only by the education of parents and children and to this end health education is carried out by School Medical Officers and School Nurses in Clinics, Schools and the homes of the offenders.

Work of School Nurses.—School Nursing is undertaken by 3 whole-time and 3 part-time School Nurses, 23 Health Visitors and 31 District Nurses (who are estimated to devote about 7 per cent. of their time to this work). In addition to their visits to schools for head inspections the School Nurses are required to attend the medical inspections at the schools for which they are responsible.

Children ascertained by the School Medical Officer to be suffering from defects of any kind are referred for treatment or noted for observation ; and the subsequent follow-up work of the School Nurses, together with the number of days given to routine medical inspections, is indicated in the following table :—

Staff	Staff		Medical Inspection days	Treatment Cases				Observation Cases			Totals	
	Number	Whole-time equivalent		Visited	Not Visited	Total	Treated	Visited	Not Visited	Total	Cases	Visits
School Nurses	3	3	139	1,006	351	1,357	1,357	67	100	167	1,524	1,557
Part-time School Nurses	3	1.2	28½	277	200	477	476	118	106	224	701	485
Health Visitors	23	6.44	236½	1,115	543	1,658	1,597	417	343	760	2,418	1,952
District Nurses	31	2.6	107½	742	122	864	841	205	68	273	1,137	1,439
Total ..	60	13.24	511½	3,140	1,216	4,356	4,271	807	617	1,424	5,780	5,433

Vocational Guidance.—The School Medical Officer, at the last routine medical examination of each pupil, makes a special report if he considers the pupil unsuitable for work of any particular type. When the pupil leaves school this report is sent by the Head, together with the “School Leaving Report,” to the Local Officer of the Ministry of Labour or to the Juvenile Employment Bureau. It is then used by the Vocational Guidance Officers to ensure that a pupil, on leaving school, is not placed in employment for which he is either mentally or physically unsuited.

Handicapped pupils are also given the opportunity to enrol on the Register of Disabled Persons and so obtain through the Ministry of Labour not only sheltered employment but also the special educational training open to Registered Disabled Persons.

Employment of Children.—Every pupil reported by the Secretary for Education as being engaged in employment outside school hours is examined by a School Medical Officer in accordance with the provisions of Section 59 of the Education Act, 1944, to determine whether or not he is being employed in a manner likely to be prejudicial to his health or to render him unfit to obtain the full benefit of the education provided for him.

Following this initial examination, each child is seen annually at routine school medical inspection. If for any reason a Medical Officer wants to see a particular child at an earlier date, a note is made on the application form and the child is sent for again.

Of 636 pupils examined during 1959, it was necessary to recommend reduction of the hours of employment in one case, and re-examination in sixteen others at intervals ranging from two weeks to twelve months.

Only children of 13 years or more are allowed to take up employment which, for the most part, includes newspaper rounds and deliveries for butchers and grocers.

Employment is restricted by statute and may not exceed two hours on school days. Work before seven o'clock in the morning is prohibited and the majority of children do about three hours on Saturday afternoons on deliveries, or half to one hour daily from seven o'clock on newspaper rounds. The latter means early rising but it is concluded from the medical records that none of this work harms them; in fact, it gives them a sense of responsibility, enables them to save from their earnings for holidays and probably helps them when they leave school to take up regular employment.

Parents often come with their children to the medical examination and seem pleased that the children are watched by the Medical Officers.

Medical Inspection of Pupils resident in Hostels, Boarding Schools and Special Boarding Schools.—In May, 1948, special arrangements were made for the medical examination of children in hostels and boarding schools, or resident in special boarding schools within the County. There are 13 such establishments and during 1959, a total of 986 pupils in residence were examined by the School Medical Officers. The visiting Medical Officer tells the Matron of the Hostel or the Head of the School anything relevant to the wellbeing of the children arising out of such examinations. Every pupil in these residential establishments is on the list of a local Medical Practitioner providing General Medical Services under the National Health Service Act.

Arrangements were also made during the year, at the request of the Robert Jones and Agnes Hunt Orthopaedic Hospital authorities, for the local School Medical Officer to undertake vision testing of the 101 pupils attending the Hospital School. These tests are carried out each term and pupils having defective vision are referred to an Ophthalmic Consultant for treatment.

Nutrition.—For 1959, as for 1958, practically 100 per cent. of the children seen at Routine Medical Inspection were classified as of satisfactory nutrition, and less than one per cent. only out of the 16,520 examined were unsatisfactory. The table relating to nutritional groups is given on page 38 of this report.

Medical Examination of Prospective Teachers.—During 1959, some 222 candidates for entry to the teaching profession were examined by the medical staff of the School Health Service.

Meals.—School canteen meals are available at 1/- per head for one hundred per cent. of children attending school ; but only 59.8 per cent. were having school dinners at a census taken in September, 1959.

As a comparison, 62 per cent. were using this service at a census taken in September, 1958.

Milk.—Milk is supplied free of charge in all schools and a census taken in September, 1959, showed that almost 80.4 per cent. of the children were drinking it.

Quality of Milk Supplies.—Only Pasteurised or Tuberculin Tested Milks are supplied; of a total of 365 departments in maintained, grant aided and independent schools, 360 had pasteurised supplies in 1959.

Investigation of Milk Supplies.—The County Sanitary Officer is responsible for the supervision of school milk supplies and samples for testing are obtained by Sampling Officers of the County Health Department. Methylene Blue colour tests to determine the keeping quality and, in the case of Pasteurised milk, Phosphatase tests to determine whether the milk has been properly processed, are carried out on milk from each supplier at regular intervals. In addition, Tuberculin Tested milk is submitted to a biological test for the presence of tubercle bacilli.

The table below gives the results of the examination of samples taken during 1959 :—

Grade of Milk	Samples taken	Methylene Blue Test			Phosphatase Test		Biological Test	
		Satis.	Unsatis.	Void*	Satis.	Unsatis.	Satis.	Unsatis.
Pasteurised	275	215	4	56	273	2	—	—
Tuberculin Tested ..	43	22	4	—	—	—	17	—
Total ..	318	237	8	56	273	2	17	—

*Methylene Blue tests are declared void when the atmospheric shade temperature exceeds 65°F. during the required storage period in the laboratory.

Tubercular Adenitis.—In all cases of Tubercular Adenitis in school children investigations are made into the school and home milk supplies.

One case was reported during 1959, but investigation failed to trace the source of infection.

Shropshire having been declared an Attested Area from 1st October, 1959, such cases are likely to become non-existent.

REPORT OF THE SENIOR SPEECH THERAPIST

During 1959 Speech Therapy Clinics were held at the following Centres :—

MISS M. A. M. JAMES

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning ..	Shifnal	Oswestry	Petton Hall	Hadley	Market Drayton	Murivance
Afternoon ..	Haughton Hall	Oswestry	Whitchurch	Visiting or Office	Market Drayton	—

MR. E. PAULETT

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning ..	Wellington	Eye, Ear and Throat Hospital	Murivance	Eye, Ear and Throat Hospital	Conover Hall School for Blind	Office
Afternoon ..	Wellington	Overley Hall School for Blind	Eye, Ear and Throat Hospital	Murivance	—	—
Evening ..	—	—	Eye, Ear and Throat Hospital	—	—	—

MRS. S. M. BOWEN

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning ..	Madeley	Ludlow East Hamlet Hospital	Newport	Ludlow	Bridgnorth	Murivance
Afternoon ..	Dawley	Visiting or Office	Newport	Ludlow	Bridgnorth	—

CASES TREATED

On Register 1st January	New Cases during year	Cases Discharged during year	On Register 31st December
143	173	159	157

PARTICULARS OF CASES DISCHARGED

Normal	Substantially Improved	Unlikely to benefit by further treatment		Referred to Other Services	Left School or Ceased	TOTAL
		Slightly Improved	Unimproved			
64	40	9	1	10	35	159

In a small number of cases discharge is temporary, and children can attend later for further treatment.

The following table gives particulars of the conditions which necessitated attendance of the 316 children given speech therapy in 1959 :—

	Cases Discharged during Year	On Register 31st December		Cases Discharged during Year	On Register 31st December
Stammer	27	34	Mutism or Alalia	6	8
Cleft Palate	5	1	Partial Deafness	5	4
Severe Dyslalia	13	15	Educational Subnormality ..	5	22
Nasality + or —	2	2	Dysarthria	3	3
Dyslalia	85	64	Mixed Defect	7	2
Voice Defect	—	1	Mongolism	1	1

These totals include 11 children from three neighbouring Counties, the latter paying the Shropshire Education Authority for their treatment.

In addition :—

13 children made single visits to Centres for advice.

2 visits were made to individual homes.

17 visits were made to schools to see children and to discuss cases with teachers.

Festival of Britain Year—Coronation Year—Geophysical Year—World Refugee Year—so the years are labelled and roll past. With regard to the Speech Therapists employed by Salop County Council, 1959 could be known as “Overseas Year.”

In June, Miss H. I. Millar resigned and sailed the following month to take up a new appointment in Canada. In August Miss M. E. Franklin left our employ and is now working in County Antrim, N. Ireland. News was also received from another colleague, Miss S. A. Barnard, well remembered in the County, who in mid-year left on a long voyage to a new post in Tasmania.

In filling the consequent vacancies in the establishment we were fortunate to appoint in September Miss M. A. M. James and the following month Mrs. S. C. Bowen, both of whom have smoothly and efficiently continued the good work done by their predecessors in the speech clinics in their respective areas of the County.

When, as is hoped, the establishment is increased in 1960 to four Speech Therapists it will make for a more efficient service, giving fuller coverage to the County and presenting a better opportunity for patients to attend for treatment. At the time of writing there are more than 40 children awaiting treatment at the Shrewsbury Clinic; two or three Schools, which are situated between clinic Centres and have transport problems, have sufficient pupils with defective speech to warrant a regular visit to the schools by a Speech Therapist. Haughton Hall and Petton Hall Special Residential Schools, which at present are visited for only one session each, need double this time. Ideally a Speech Therapist should also be in attendance at the special classes for educationally subnormal and mentally deficient children in Shrewsbury.

During the year, several talks on the work of the Speech Therapist, and the development and defects of speech were given to Mothers' Clubs, Church Fellowships, Parent Teacher Associations and Nursery Nursing Students of Shrewsbury Technical College.

In August, the Senior Speech Therapist attended the 11th Congress of the International Association of Logopedics and Phoniatics (dealing with the treatment of speech defects and study of the voice) which was held in London. Almost 600 delegates from more than 30 countries attended, including representatives from the fields of medicine, surgery, phonetics, audiology, education, physics and speech therapy.

The scheme whereby certain children attending for speech therapy are referred to the Health Department's Audiometric Clinic, continues to function satisfactorily and the results for 1959, for which I have to thank Dr. A. C. Mackenzie and his assistants, are given below :—

Number tested	..	..	..	..	..	..	..	..	45
Found normal	..	..	..	..	..	..	..	..	34
Moderate unilateral deafness	..	..	..	..	..	..	..	..	3
Moderate bilateral deafness	..	..	..	..	..	..	..	..	6
Severe bilateral deafness	..	..	..	..	..	..	..	..	1
Result uncertain (because of poor co-operation)	..	..	..	..	..	..	..	..	1

Several children attending our Clinics, who display a type of speech which could be associated with partial deafness, are found to have no apparent or measurable degree of deafness, but what could be described as poor auditory discrimination and memory for sounds. They are unable to differentiate between the correct and incorrect sound, without demonstration and intensive instruction, and in this connection the "playback" of their speech on the tape recorder is an invaluable guide.

Why is it that the majority of people are not in the least interested in the spoken word and its intelligibility to their listeners? This slovenliness is illustrated by the boy who enquired what was the real name of God, because when they said prayers at his school they recited "Our Father Richard in Heaven, Harold be Thy name" Only one sound need be faulty or elided in order to create speech distortion, and this can be shown by reading a passage from a book, consistently omitting one sound or substituting one sound for another throughout.

The gift of speech is usually taken for granted until one has laryngitis or knows or hears of someone who has a classic defect of speech or who has had his larynx removed. In Standard English there are only 47 phonetic sounds, which are made up of 15 vowels, 23 consonants and 9 diphthongs. From this small group of sounds we make speech and conversation, that unique form of behaviour limited to man alone.

Apparently the ape has all the vocal apparatus necessary for speech and some chimpanzees have been able to make all the vowel and consonant sounds whilst the Gibbon ape can range his voice through an octave. Yet all attempts to teach apes to speak have met with only limited success. One chimpanzee was reared by some American Psychologists in company with an infant child and it is interesting to learn that the chimpanzee learned faster than the child to co-operate

with her foster parents, to obey simple commands and to anticipate her bowel and bladder needs. Her maturity developed more quickly than the child but speech was impossible. Another chimpanzee, reared by humans, after a long period of special training could seemingly use only three words—"cup," "mama" and "papa."

Nobody knows the reason for this gap between apes and man but opinion seems to favour the idea that it has probably nothing to do with intelligence but rather that the apes have something missing in their nervous systems. But whatever the reason for the difference it seemingly cannot be bridged by favourable environment, by skilful training or by appropriate and constant stimulation.

Civilisation, culture, business and commerce as well as personal relationships all depend on speech, which is one of the most valuable assets in man's possession, but unfortunately too few people appreciate this fact.

E. PAULETT,

Senior Speech Therapist.

DEAFNESS

Defective hearing is not as common as defective vision, but it can be as great a handicap to a child. Children have been considered dull or inattentive when, in fact, they are of normal intelligence but do not hear. If infants cannot hear normal speech, they cannot learn to understand it and their educational development is delayed. This is especially so when they suffer from high frequency deafness.

The occurrence of severe deafness after a child has learned to speak causes frustration, disappointment, perhaps maladjustment, and the child on reaching school age may be incapable of receiving a formal type of education. Defective speech frequently accompanies, and may be the first sign to suggest, defective hearing.

Deafness in Infants.—Emphasis is placed upon the need for detecting hearing defects in early childhood, and for the provision of auditory training and hearing aids.

The first essential is early diagnosis, that is, as soon as possible, in the case of children born deaf, or at the earliest moment after any illness or injury which impairs the hearing mechanism. In children of normal intelligence it is now possible by simple methods, termed "hearing screening," to detect deafness even in children at the age of seven months and satisfactory auditory training can follow such detection. Moreover, modern hearing aids of the lightweight transistor type can be used by children as young as eighteen months.

"Screening" to detect children who do not have normal hearing is carried out in this County by two Health Visitors who have attended a special course of instruction in Manchester, given by Sir Alexander Ewing, and they describe their work as follows :—

"We have concentrated on four groups which are more liable to have defects, namely, premature babies, twins, babies of mothers with Rhesus negative blood containing antibodies, and babies whose mothers have had virus disease during pregnancy. Babies are tested by the "Distraction Method"; baby sits on mother's knee facing the operator who also watches the reactions while at the same time controlling the child with toys, etc. The tester moves quietly around the back of the child and speaking in a modulated voice, and using specially tested rattles, cups and spoons, she tests each ear in turn. Older children are much more difficult to test and unfortunately mother often does a little prompting at the crucial moment, thus upsetting the result.

For a Performance Test one must get the child to co-operate by pointing to animals, turning pages of books, or building bricks at the spoken word, using the consonant sounds "S" and "T" for the high frequency tones.

Lastly the babies are tested for location of sound. A quiet room away from the waiting room is essential if one is to obtain the best results, and this is almost impossible in the more rural areas. A noticeable factor too is the slower response in the children of these areas, possibly because the tempo of life is less hurried and the presence of strangers more of an event."

We have held sessions in various parts of the County either together, or separately with the aid of a trained Health Visitor. These tests are similar to the audiometric sweep tests done in the schools. We feel it is highly important to detect a hearing defect in the younger child, so that treatment may be started early.

During 1959 some 341 children between the ages of 9 months and 5 years were tested and 42 failed to pass the screening test.

Of the 42 failing the tests :

16 passed the retest

14 were awaiting retest at the end of 1959

2 left the county, and

10 were referred for investigation to the Audiology Clinic."

Deafness in School Children.—Audiometry, which is the measurement of hearing by quality and quantity, is being used increasingly to ascertain degrees of deafness and, as a result of evidence obtained from experiments and trials over the last ten years, the Medical Research Council's Committee on the Educational Treatment of Deafness has recommended that the "sweep frequency" method of audiometric testing should be adopted.

The pure tone audiometer, which is a portable instrument weighing about 13lb., is used to measure degrees of deafness and can be operated by an intelligent person after very little training. The audiometer tests the child's capacity to hear sounds at different pitches, sweeping through the range of normal hearing from the lowest note to the highest and at various intensities.

Sweep testing with the audiometer has been carried out during the year in schools mainly in the Shrewsbury and Ludlow districts and children who fail the tests attend for fuller investigation at Audiology Clinics which are referred to below. All pupils in their first year in the Primary School, and any others referred by the Heads as backward or possibly deaf, are given the test.

The younger children respond quite naturally to the 'funny wireless' but a few, more advanced in age and the art of deception, realize that if they make no sign of hearing a note at first, its intensity is increased until they do so, and consequently their hearing loss appears exaggerated. With experience the operator can easily detect and remedy this tendency, although it is not always as obvious as in the case of the child who naively declared—"I heard it the *third* time !"

Ideally, hearing tests should be held in a very quiet room so that the results obtained are reliable and accurate. The children have to listen for quite faint notes, and a background noise such as music, easily drowns a signal being given at an intensity of 15 decibels which is the minimum standard for passing the test. It can well be imagined that in small country schools the provision of a reasonably quiet room, while the usual school activities, few of which could be classed as noiseless, are in progress, would create a difficult problem, but the Heads of the schools visited during the year have proved most resourceful in overcoming it and have shown much interest in this comparatively new service.

The numbers referred in the various categories, together with the results of the sweep frequency tests carried out during 1959, are shown in the table below.

SWEEP FREQUENCY TESTS PERFORMED IN 1959

(In eleven schools: Infant—4; Junior 2; Infant and older—4; Special class for retarded pupils—1)

Category	Tested	Normal	Defective			Referred to Audiology Clinics
			One ear		Both ears	
			R	L		
Entrants	219	123	54	20	22	31
Considered possibly deaf	49	16	10	8	15	20
Retarded	34	17	3	5	9	11
Total ..	302	156	67	33	46	62

The difference in the numbers of children failing the sweep frequency test and those actually referred to the Audiology Clinic is due to the very high standard utilised for normal hearing, the 84 children not so referred having such a minute degree of hearing loss that further action was not deemed necessary.

Audiology Clinics.—Clinics for the intensive investigation of young children suspected of having hearing loss are held by Dr. Mackenzie once or twice per month at the Health Centre, Murivance, Shrewsbury, and occasionally at Oswestry, Newport, Wellington and Whitchurch Welfare Centres. Dr. Capper also holds Audiology Clinics once per month at Ludlow Child Welfare Centre, and occasionally at Bridgnorth Welfare Centre.

Some 15 pre-school and school children are seen at each clinic session and to deal with the increasing numbers referred for investigation arrangements have been made to hold additional sessions specifically for school children, at which 20 will be seen per session. Two extra clinics per month are now being held by Dr. Mackenzie and one per month by Dr. Capper.

In addition to children discovered at Welfare Centres and Schools, other cases are referred by School Medical Officers, Health Visitors, Speech Therapists, Heads of Schools, Medical Practitioners and Hospital Specialists.

During 1959, a total of 38 Audiology Clinics was held and 283 children received hearing tests, the results of which are given in the table below :

RESULTS OF TESTS AT AUDIOLOGY CLINICS

Category	Tested	Hearing Normal	Decision Deferred	Hearing Defective					
				One Ear				Both Ears	
				Severe		Moderate		Severe	Moderate
				L	R	L	R		
Pre-school	18	13	1	1	—	—	—	2	1
Primary School 5—11 years	220	137	—	—	3	17	6	5	52
Secondary school 11—18 yrs.	45	26	—	—	1	3	—	1	14
Total	283	176	1	1	4	20	6	8	67

The closest co-operation exists between the Health Department and the Ear, Nose and Throat Surgeons at the Eye, Ear and Throat Hospital, Shrewsbury, to whom any children requiring treatment are referred through the family doctor. Where necessary, the Consultant arranges for the provision of hearing aids ; and training for children and parents in the use of these aids is given in suitable cases by Mrs. E. M. J. Bell, a qualified teacher of the deaf, who has been employed by the County Council since April, 1958.

Mrs. Bell describes her work below:—

“My services as a teacher of the deaf have been utilised in the following ways.

(i) The specialised teaching, with amplifying equipment, of partially-deaf children in a day class at Coleham Junior School, Shrewsbury.

(ii) Visits to schools to discuss with teachers the educational situation of children known to have a hearing defect.

(iii) Domiciliary visiting to contact and advise parents whose children are attending a normal school, but who are known to have a defect of hearing. The homes of children of pre-school age are also visited to give advice to the parents in training their own children to lip-read and in some cases, to use a hearing aid.

(iv) Attendance at ascertainment clinics in order to assist in determining the educational provision for these children.

Teaching at Special Class for Partially Deaf Children.—This class was established at Coleham School, Shrewsbury, with the object of rehabilitating partially deaf children for return to normal education, and specialised teaching is employed with the use of amplifying equipment.

During the period January to July, 1959, nine pupils with ages ranging from seven to twelve years attended this class. In September, 1959, two pupils were transferred to a class in the ordinary school and continuing to use hearing aids have so far held their own with normal children. During the same term, four new pupils were admitted, making a total of eleven pupils with ages ranging from six to thirteen years.

Integration.—All physical education and games have been taken with various hearing classes of approximate ages and ability. Two boys, now a little beyond primary school age, attend a wood-work class for one morning each week, whilst the girls join an ordinary hearing class for needle-work. A readjustment of time-table is intended, in order to enable the four oldest boys in the unit to join a hearing class for some oral lessons such as Geography, History or Nature Study.

Progress.—On admission to the class, the needs of these handicapped children were threefold, namely, educational, social and emotional, and the handling of the class has entailed making provision for these three needs to be met. Progress in each aids progress in all three.

Educational progress has been steady and satisfactory but, except in one instance, unspectacular. The steady build up of language and vocabulary is only achieved by constant consolidation and checking. In other words, it is essential that the children express themselves orally and in writing, in the new language forms and vocabulary they learn, so that these become tools of expression and part of the child's equipment for social living, as well as steps to further learning.

Their continued adjustment to their own and their class-mates' handicap is very pleasing. They are developing patience with, and tolerance of each others' difficulties, and in some cases are becoming quite mature in dealing with problems of communication and personal relationships. This development is of equal if not greater importance than their educational progress as these children have to learn to live with their handicap in a world which is still somewhat impatient, inconsiderate and unhelpful to deaf people.

The friendly and co-operative attitude of the hearing children at the school is of tremendous importance, both to the children in the class in particular, and as an aid to the gradual growth in understanding of the problem of deafness among hearing people. The younger partially deaf children play with the hearing children very readily. The older partially deaf boys tend to play together. Earlier ascertainment and admission to the class in future will improve natural mixing with hearing children. There is a certain reticence at 9, 10 and 11 years to mix readily, especially if one has been "odd" man out at a previous school.

In specific terms, the educational provision aims at giving all that a hearing child would have at school, together with lip-reading, speech improvement, language development and auditory training. In all this, the electronic equipment provides special help for them in terms of amplification.

Neither the specialised teaching these children receive, nor the equipment they use would be of the same value to these children, without the full co-operation of children and staff of the parent school, and their generous help is gratefully acknowledged.

Educational Guidance—Visits by Teacher.—During the year, 85 visits have been made throughout the whole County to children ranging in age from 2 years to 15 years. In most cases both home and school have been visited in order to obtain as full a picture of the child as possible and if necessary, to give advice to both parents and teachers. With the pre-school child particularly, the informality of a home visit and initial conditioning to test procedure in familiar surroundings has helped enormously in getting ready co-operation at ensuing clinic tests, and has saved considerable time in arriving at a final assessment.

As well as investigating new cases, periodic visits to other children have been made.

Statistics relating to pupils dealt with in 1959 are given below :

Total number of new referrals	..	..	..	..	..	..	..	..	..	45
Number dealt with	..	..	..	..	..	..	..	..	..	36
Awaiting appointments at end of year	..	..	..	..	..	..	..	..	..	9
Sources of Referral:										
Secretary for Education	..	..	..	..	..	..	..	..	..	4
County Medical Officer of Health	..	..	..	..	..	..	..	..	..	17
Hospital Specialists	..	..	..	..	..	..	..	..	..	20
School Teachers	..	..	..	..	..	..	..	..	..	4
School Age Groups of Children Referred:										
Secondary Modern	..	..	..	..	..	..	..	..	..	7
Primary	..	..	..	..	..	..	..	..	..	23
Infant	..	..	..	..	..	..	..	..	..	7
Pre-school	..	..	..	..	..	..	..	..	..	8
Incidence of Deafness :										
Number of cases where deafness was ascertained						..	..	..	..	24
Children not considered deaf	..	..	..	..	..	..	..	..	..	5
Cases still under review	..	..	..	..	..	..	..	..	..	7
Cases not yet assessed	..	..	..	..	..	..	..	..	..	9

Provision of Hearing Aids :

Of the 24 children with impaired hearing,
10 had already been issued with aids,
12 have been recommended for aids, and
2 did not require aids.

Educational Requirements :

Of the 24 children ascertained deaf,
2 left the County,
5 need periodic visits to assess development,
6 require frequent visits and supplementary teaching. Two of these are pre-school children and need home training, and
11 need regular (ideally daily) special teaching

Of these 11 children

4 were admitted to Coleham Partially Deaf Class in September, 1959,
4 are awaiting admission to Deaf Class, and
3 require special educational treatment at Secondary Modern level.

The statistics given on page 25 do not include children already needing the help of a teacher of the deaf and referred during 1958.

The position as at 31st March, 1960, in respect of children referred to me is as follows :

Admitted to Partially Deaf Class when first opened April, 1958	..	..	..	..	8
Admitted to Partially Deaf Class since April, 1958	..	..	..	..	5
Requiring regular lessons (by a peripatetic teacher of deaf or in a Special Class) :					
At Secondary Modern Level	..	..	..	..	7
Living too remotely to join Special Class; but in <i>small</i> rural classes	..	..	..	..	3
Awaiting admission to Coleham Partially Deaf Class	..	..	..	..	4
Requiring Home Training	..	..	..	..	4
Total					18
<hr/>					
Admitted to a Residential School	..	..	..	..	1
Requiring periodic visits	..	..	..	..	10
*Cases still under review	..	..	..	..	10
*Cases not yet visited	..	..	..	..	6
Children definitely not deaf	..	..	..	..	6

*Further regular teaching cases may emerge from these 16 incomplete cases.

Present visits and extra teaching can only be fitted in at present on the occasions (once a week) when a supply teacher can deputise at the Coleham Class, or out of school hours.

The Education Committee have, however, decided to appoint a second teacher of the deaf, the need of whom is made more than apparent by reference to the above statistics."

NOTE:—Despite efforts to obtain the services of a second teacher, this has not yet proved possible. Two Health Visitors, specially selected for the purpose and who have been trained at the Deaf Department, Manchester University, have accordingly been equipped with a "Westrex" auditory training unit and are undertaking the home visiting of some pre-school partially deaf children.

CHILD GUIDANCE SERVICE

The Child Guidance Service is broad and embraces the School Psychological Service and the Child Guidance Clinic which are closely linked.

The Child Guidance Clinic is under the medical direction of Dr. J. A. Crawford who attends for two sessions in Shrewsbury on Fridays from 10 a.m.—4 p.m.

Mr. J. L. Green and Miss Margaret Thompson, the Educational Psychologists, work in both the School Psychological Service and the Child Guidance Clinic. Mrs. K. C. Carpenter left the Service at the end of August, 1959, after many years of devoted service to the Authority, and Miss K. Hunt is now the Psychiatric Social Worker. She works with the parents of children who are seen by the other members of the team and plays a large part in the relaxing of tension in the family situation.

The case load is heavy and the number of new cases has again increased. With the psychiatric time at present available to the Clinic it is difficult for Dr. Crawford to see children as frequently or as regularly as their problems would seem to demand. Despite the pressure, however, results of the work are encouraging and although it is not always possible to be certain about long-term results, the children who have been seen do seem to recover their stability and appear happier after treatment.

From time to time very disturbed children are referred to the Clinic, who not only make demands on the diagnostic skill of the Psychiatrist, but need long and deep psycho-therapy before there is any sign of improvement.

Probably the biggest problem facing the Child Guidance Service is shortage of staff. More preventive work, more regular treatment, thorough follow-up of cases, objective investigation into certain specific problems i.e. a limited form of research—are all needed to make the Service more effective.

Statistics relating to pupils who were treated at the Child Guidance Clinics during 1959 are contained in the following report of Mr. J. L. Green, County Psychologist :—

SUMMARY OF WORK DONE DURING 1959 :

Total number of new referrals	..	..	..	..	..	..	..	..	..	..	..	216
Total number of new cases seen	..	..	..	..	..	..	..	..	..	..	..	203
Unco-operative	..	..	..	..	..	..	..	..	..	..	..	7
Awaiting appointments	..	..	..	..	..	..	..	..	..	..	..	6
Old cases still requiring help	..	..	..	..	..	..	..	..	..	..	..	48
<i>Sources of referral :</i>												
Head Teachers	..	..	..	..	..	..	..	..	..	..	..	38%
Private Doctors	..	..	..	..	..	..	..	..	..	..	..	20%
County Medical Officer	..	..	..	..	..	..	..	..	..	..	..	17%
Parents	..	..	..	..	..	..	..	..	..	..	..	8%
Probation Officers	..	..	..	..	..	..	..	..	..	..	..	6%
Miscellaneous, e.g. Children's Department, Mental Hospitals, Education Welfare Officers, Speech Therapists, N.S.P.C.C., Health Visitors	..	..	..	..	..	..	..	..	..	..	..	11%
<i>Reasons for referral :</i>												
Behaviour difficulties such as aggressive behaviour, severe temper tantrums, truancy, pilfering	..	..	..	..	..	..	..	..	..	..	..	32%
Nervous conditions, such as night terrors, anxiety conditions, stammering and timidity	..	..	..	..	..	..	..	..	..	..	..	26%
Physical disorders, e.g. day or night enuresis, soiling, failure to eat or sleep normally	..	..	..	..	..	..	..	..	..	..	..	20%
Failure in school. Difficulties either in specific subjects, general behaviour or general attitude to work	..	..	..	..	..	..	..	..	..	..	..	14%
Miscellaneous reasons: vocational guidance, advice re adoptions, reports to Magistrates	..	..	..	..	..	..	..	..	..	..	..	8%
Number of cases seen by Psychiatrist	..	..	..	..	..	..	..	..	..	..	..	116
Number receiving prolonged treatment by Psychiatrist	..	..	..	..	..	..	..	..	..	..	..	42
Number recommended for admission to Schools for Maladjusted Children :—												
Transfers into Shropshire	..	..	..	..	..	1	}	..	..	..	..	12
Out-County Schools	..	..	..	..	..	1		..	..	..	..
Trench Hall (8 actually admitted during 1959)	..	..	..	..	..	10		..	..	..	..

SCHOOL REPORT OF PRINCIPAL DENTAL OFFICER

The acute shortage of Dental Officers continues without any sign of improvement in the situation. Unfortunately the incidence of dental caries in children does not decrease, the reverse very obviously being the case. It is difficult to see how recruitment to the Service as a whole will improve, while the present system exists. The sort of 'twilight' world in which we function as a service, compared with the rest of the Health Service, is not conducive to the maintenance of high morale amongst the staff already employed, and certainly is not likely to attract young new recruits. In my opinion the School Dental Service should hold the position of a consultant service in general children's dentistry. The major part of our work is in the treatment of children and we are therefore in a better position to observe the Dental Health of the School Child, and carry out comprehensive dental treatment during school life than is the average General Dental Practitioner. Comprehensive dental treatment for the majority of children in this County will continue to be a "pipe dream" so long as the shortage of Officers exists in the School Service.

Geographically, Salop is a difficult County to 'cover' from the dental treatment point of view, the schools being scattered, and in many cases situated in relatively inaccessible places; however the Mobile Clinic is being used in many of these areas as effectively as the staffing situation will allow.

The two Part-time School Dental Officers at present employed in the Bridgnorth area serving a school population of some 3,646 pupils, have decided to return to full-time private practice early next year, and until we are able to recruit more staff there will be no alternative but to reduce dental sessions in Bridgnorth Clinic.

Fluoridation.—*Fluoridation of Domestic Water Supplies.*—Having regard to reports from America and New Zealand on the Fluoridation of water supplies, it has now been proved that the addition of “the Fluoride ion” to water in fluoride deficient areas has a beneficial effect on the dentition of children. It has been shown statistically that the caries rate has been reduced by 50% to 60% and there have been no demonstrable detrimental effects on other body tissues, e.g. heart, kidneys.

There is no doubt in my mind that this method of controlling dental caries will be widely accepted in a few years' time.

Since only the most minute traces of the fluoride ion occur naturally in Shropshire's water supplies, the addition of this element in a concentration of only 1 part per million would doubtless be an extremely beneficial measure.

If dental caries were a 'Killer' instead of a disfiguring disease, a more realistic approach to the problem with a view to effective control and prevention would have to be adopted to deal with the situation.

Oral Hygienist.—During the year Miss N. Smith joined the staff on a part-time basis. She is working seven sessions per week for the County and four sessions per week for the Orthopaedic Hospital. She has been a great help to us and has done excellent work in Dental Health Education and Hygiene.

Staff Plus Orthodontists.—Mr. D. Rogers resigned on 31st August, 1959, after being with the County two years, but fortunately he was replaced by Mr. J. Reece on 21st September, 1959, who is now working at our Shrewsbury Clinic and although our total strength remained unchanged we were perhaps lucky to maintain the status quo. The permanent loss of a full-time Officer at our Headquarters Clinic would have indeed been a grievous blow.

I must apologise for being so pessimistic in my report, but to carry out an inspection at a school and to realise just how much work needs to be done and the time it will take is in itself very depressing.

Work done during the year.—

Number of pupils inspected by the Council's Dental Officers :

(a) At periodic inspections	..	..	..	..	..	..	..	6,956
(b) As Specials .. .. .	..	..	..	..	..	..	..	2,296
							Total ..	9,252
Number found to require treatment	..	..	..	..	..	..	..	6,785
Number offered treatment .. .. .	..	..	..	..	..	..	..	6,527
Number actually treated (including 601 brought forward from the previous year)	..							5,937
Number of attendances made by pupils for treatment including orthodontics							..	23,313
Half-days devoted to : Periodic (school) inspection	..	..	..	..	..	..		68
Treatment (including 146 sessions devoted to general anaesthetics)								2,583
Fillings : Permanent Teeth .. .. .	..	..	..	..	..	..	..	9,538
Temporary Teeth .. .. .	..	..	..	..	..	..	..	1,582
							Total ..	11,120

Number of teeth filled : Permanent Teeth	..	..	..	..	..	..	8,345
Temporary Teeth	..	..	..	..	..	..	1,375
					Total	..	9,720
Extractions : Permanent Teeth	..	..	..	..	..	..	3,221
Temporary Teeth	..	..	..	..	..	..	6,114
					Total	..	9,335
Administration of general anaesthetics for extractions	..	..	..	..	..	..	2,664
<i>Orthodontics:</i>							
Cases commenced during the year	..	..	..	..	..	..	206
Cases carried forward from previous year	..	..	..	..	..	..	306
Cases completed during the year	..	..	..	..	..	..	98
Cases discontinued during the year	..	..	..	..	..	..	64
Pupils treated with appliances	..	..	..	..	..	..	237
Removable appliances fitted	..	..	..	..	..	..	205*
Fixed appliances fitted	..	..	..	..	..	..	32
Total attendances	..	..	..	..	..	..	1,961
*In addition 23 appliances were also repaired and 275 study models cast.							
Number of pupils supplied with dentures	..	..	..	..	..	..	129
Other operations : Permanent Teeth	..	..	..	..	..	..	5,056
Temporary Teeth	..	..	..	..	..	..	389
					Total	..	5,445

(Other operations include X-rays, root fillings, crowns fitted, inlays and various surgical procedures.
11 Jacket Crowns, 12 Gold Crowns, 6 Gold Inlays, 1 Cast Metal, 23 Dentures repaired).

Dental Health Education.—Lectures were given, in conjunction with films, to school children and parents.

We are gradually increasing the number of demonstration models (produced in our laboratory) together with posters, etc. for use at these lectures. The lively discussions which usually follow these talks have been most gratifying. Eventually I would like to carry out work in this field on the basis of the Braintree experiment, only in a small way in keeping with our modest resources.

Condover Hall School.—Under the provisions of Section 78 of the Education Act, 1944, all the pupils of Condover Hall School for the Blind were dentally examined and treatment carried out as necessary.

C. D. CLARKE,
Principal Dental Officer.

HEALTH EDUCATION

During the year, School Medical Officers visited most of the schools in the County and gave formal health education in Grammar, Technical and Modern Schools through the medium of lectures illustrated or supported by flannelgraphs, film strips, and films, and also informal health education in other schools. The principal subjects dealt with included Smoking and Lung Cancer, Home Safety, Personal Hygiene, Food Hygiene, Dental Hygiene, Nutrition and Food, Food Poisoning, Vaccination and Immunisation, Spread of Infection, and (for school-leavers particularly) General Principles of Health. Other supporting material in the form of posters, display panels, and leaflets was also utilised.

The lectures generally were well received and appeared to arouse considerable interest, particularly among the more intelligent and older grades of pupil, but experience suggests that an absence of questions from younger and less self-confident groups does not necessarily indicate lack of enthusiasm and it is our hope that more and more illustrated talks will in future be demanded in the Junior Schools as well as in the Secondary and Special Schools where they are becoming an established practice.

Apart from informal instruction carried out in the course of their normal duties by Health Visitors and School Nurses, there is formal tuition in nursing subjects of girl pupils in Secondary Schools who are studying Mothercraft, or pre-nursing students preparing to enter the nursing profession. In the purely preventive aspects of health education, and by local arrangements made with Heads of Schools, Health Visitors have given talks illustrated by flannelgraphs and by film strips, and have also utilised films, posters and leaflets as supporting material. Among the topics so dealt with were Nutrition, Diet and Food, Infant Care and Mothercraft, Growing up, Nursing and Anatomy, Vaccination and Immunisation, Dental Hygiene, Personal Hygiene, Head Lice, Foot Care and Accidents in the Home.

In the Dental field, preventive work is also well to the fore and the promotion of dental health is being encouraged by the activities of the Dental Officers and a newly-appointed Dental Hygienist, all of whom make use of films, posters and leaflets as adjuncts to their talks.

The Department has normally used existing facilities in schools for the projection of films and film strips on health education subjects, but we now possess a 16 m.m. sound film projector as well as a film strip projector, and these are both available for use in schools wherever "blacking-out" can be arranged.

B.C.G. VACCINATION OF SCHOOL CHILDREN

The B.C.G. Vaccination of school children authorised by Ministry of Health Circular 22/53 began in Shropshire in October, 1956, and has since been available, with parental consent, for children during the year preceding their fourteenth birthday.

The acceptance rate has always been in the region of 90%—a most satisfactory figure.

In Circular 7/59 the Minister of Health advised Local Health Authorities to offer this vaccination to additional groups as follows :—

- (a) children of 14 years and upwards who are still at school, and students at universities, teacher training colleges, technical colleges and other establishments for further education; and
- (b) whole school classes, which may include a few children under 13 years, for convenience.

It was estimated that there were about 6,500 older children in the County in these additional groups and steps were taken to extend the B.C.G. programme accordingly, the work, in the main, being undertaken by two part-time School Medical Officers, each of whom had clerical assistance at Mantoux testing and B.C.G. vaccination sessions.

The following are particulars of schools visited for B.C.G. vaccination during 1959, and comparisons for 1958 are given in brackets in the first column :—

	<i>Schools visited</i>	<i>Children tested</i>	<i>Positive reactors</i>	<i>Negative reactors</i>	<i>Not read</i>	<i>Children vaccinated</i>	<i>Neg. reactors not vaccntrd.</i>
Maintained and Grant-aided schools	69(60)	4,951	882	3,841	228	3,705	136
Independent schools	16 (8)	479	119	360	—	356	4

In addition, special surveys were carried out at four schools as a result of pupils being in contact with open cases of Respiratory Tuberculosis. Mantoux testing was offered to the teaching and other staff at all the schools involved, as well as to the pupils, and the numbers examined are given below:—

	<i>Tested</i>	<i>Positive Reactors</i>	<i>Negative Reactors</i>	<i>Not read</i>	<i>Vaccinated</i>
Children (all ages)	685	75	563	47	61*
Staff	67	54	13	—	1*

*Those vaccinated were the pupils and one teacher at two of the schools. The remaining negative reactors were either pupils below 13 years and therefore too young for vaccination or adults whose tests were not completed. All these will be retested in due course and vaccinated where necessary.

Positive reactors are referred for examination by a Mass Radiography Unit and an invitation is extended to all home contacts to attend at the same time.

Unfortunately, it has only been possible so far to arrange Mass Radiography in respect of two of these schools, where a total of 123 children and staff were examined; two children were recalled by the Unit for large film examination.

At the time of writing arrangements are being made for the X-ray of the positive reactors at the other two schools, although those for whom an immediate X-ray was considered desirable have already been seen at the Shrewsbury Chest Clinic.

Mass Radiography.—As was the case in 1958, positive reactors and their home contacts were X-rayed by either the Stoke-on-Trent or Wolverhampton Mass Radiography Units.

The following table summarises the results of investigations of 13 year old positive reactors, their home contacts and school staff :—

					<i>Pupils</i>	<i>Home Contacts</i>	<i>Staff</i>
Cases investigated	..	..	..	..	744	213	133
Recalled for large film examination	..	..			8	—	3
Cases of tuberculosis discovered :							
Respiratory ..	..	..	..	..	1	—	—
Non-respiratory	..	..	..	..	—	—	—

The one case of Respiratory Tuberculosis discovered gives a rate of 1.34 per 1,000 pupils investigated and 0.91 per 1,000 for all cases.

Following discussions with the Consultant Chest Physician arrangements have been made for all positive reactors to the Mantoux test showing a large reading to have an early large film X-ray at the Chest Clinic, with a check in the same year by Mass Miniature Radiography if possible. A further small film X-ray will be taken in the following year and children at Grammar Schools will be offered an annual check until 18 years of age. This is considered essential since these cases are the potential future tuberculosis cases.

(*Note* : A decision by the Ministry of Health in May, 1959, that Mass Miniature Radiography should not be used for children under 15 years of age has sadly restricted the work of following up children giving a positive reaction on Mantoux testing. While existing facilities at the Chest Clinic are insufficient to cope with the numbers involved, it has however been possible to arrange for the Mass Miniature Radiography Units to help the Chest Clinics with their adult cases and in this way it is hoped that the Chest Clinic will be able to give more assistance with these children).

The more concentrated investigations made in respect of positive reactors with a large reading have been between the beginning of 1958 when the scheme was put into operation and up to the time of writing produced 5 cases of active Respiratory Tuberculosis out of 335 cases followed up. Three were school children and the other two were parents of two of them.

Technical Note.—The Mantoux test involves the injection, intradermally into the left forearm, of one-tenth c.c. Purified Protein Derivative of old tuberculin, strength 1/1,000. The injection site is examined after 72 hours and any induration measured. An induration of 5 m.m. or less is regarded as a negative reaction and these are the cases given B.C.G. vaccination. Induration of 6 m.m. or more is taken as positive and the special follow-up procedure referred to in the previous paragraphs is undertaken where the reading is 20 m.m. or more.

DIPHTHERIA IMMUNISATION

Routine Medical Examination Sessions in school give the School Medical Officer opportunity to check on the children's state of protection against Diphtheria, to urge the importance of immunisation and to get parental consent to its promotion and maintenance. School Nurses, Health Visitors and District Nurses, who in the course of their duties discover school children who have missed immunisation, also endeavour to obtain the necessary parental "consents." Propaganda methods, including the display of posters and advertisements in the press, are also used from time to time to remind the public of the importance of immunisation.

During 1959, the total number of children *of school age* who were primarily immunised was 230; of this number, 114 were treated by School Medical Officers and 116 by general medical practitioners.

Children immunised against Diphtheria in infancy should have a reinforcing injection after an interval of three or four years and School Medical Officers at routine medical inspections advise this in appropriate cases.

Of 1,830 school children re-immunised, 1,223 were dealt with by the School Medical Officers and 607 by general medical practitioners.

The estimated school population of the County in 1959 was 48,600 and of these 38,242 (or 78.7 per cent.) were known to have been immunised against Diphtheria; 16,257 (or 33.5 per cent.) could be regarded as completely protected by having been immunised within the last five years.

The effects of the immunisation campaign are demonstrated by the following table showing the incidence of, and deaths from, Diphtheria among persons of all ages in the County during the past twenty years :—

		1940—44	1945—49	1950—54	1955—59
Notifications ..	Total	672	40	3	—
	Annual average	134.4	8	0.6	—
Deaths ..	Total	33	5	1*	—
	Annual average	6.6	1	0.2	—

*Death of elderly woman, assigned by Registrar-General ; C. diphtheriae not found.

VACCINATION AGAINST SMALLPOX

During the year, 103 children *between the ages of 5 and 14 years* were vaccinated against Smallpox. Of this number, 29 vaccinations were performed by School Medical Officers and 74 by general medical practitioners.

In addition, 104 children were re-vaccinated—6 by School Medical Officers and 98 by general practitioners.

VACCINATION AGAINST POLIOMYELITIS

Vaccination against Poliomyelitis, which began in a limited way in the early months of 1956, was continued throughout the following years. The programme in 1958 was devoted very largely to school sessions and was so successful that further visits to schools were not required for primary vaccination in 1959. However, it was necessary to arrange a school programme to cater for the large number of school children requiring third injections.

Throughout the County generally the emphasis was on “booster” injections, although there were many new applicants for vaccination for whom clinic appointments were arranged.

Evening sessions were arranged during the greater part of the year but were suspended after the end of October, mainly because the number of new applicants for vaccination at evening sessions had decreased very considerably. These sessions were re-commenced in March, 1960, to deal with those who had their second injection in the middle of 1959 and have since become due for their “booster” dose.

The following are the numbers dealt with in 1959 in the 0—16 and 17—26 age groups, the latter, of course, including pupils at grammar schools and technical colleges, etc. :—

	0—16	17—26
Cases completed with two injections :		
Vaccinated by: General practitioners	3,500	3,145
Assistant School Medical Officers	8,476	7,633
	<hr/> 11,976	<hr/> 10,778
Received one injection and awaiting second ..	517	636
Received “booster” injection	38,713	10,339
Registered and awaiting vaccination	875	116

SCHOOL CANTEENS

Medical Examination of Staff.—In order to ensure as far as possible that those engaged in the Schools Meals Service are not suffering from, or carriers of, some form of infectious disease, liable to be transmitted by contamination of the food which is served in the canteens, a scheme for the medical examination of canteen staffs, particulars of which are given below, was put into operation on 1st February, 1950.

There are three categories of premises in which food is either prepared or served to school children having a mid-day meal in school, namely :—

- (a) Central Kitchens, where the meals are prepared and sent out to School Canteens ;
- (b) Self-contained Canteens, where meals are prepared and served on the school premises ;
- (c) Canteens for dining purposes only, where meals are served which have been prepared at the Central Kitchens.

An effort is made to examine the personnel employed in these establishments at least once a year, and new entrants to the service are examined as soon as possible after appointment. Ideally, they should be examined before commencing employment.

The majority of the kitchens and canteens are located either at, or within easy reach of, one or other of the schools which they serve, and the opportunity to carry out these examinations is taken when these schools are visited by a School Medical Officer.

These medical examinations are directed towards establishing the cleanliness of the person, clothing and hands of those employed in the preparation or handling of food ; and the absence of infectious conditions such as septic skin lesions, discharging ears and chronic catarrh and other conditions such as eczema or other forms of dermatitis.

If on initial examination an employee recruited to the School Canteen Service is found to have a history or shows symptoms of intestinal disorder, arrangements are made by the examining Medical Officer for specimens of faeces and if necessary urine to be submitted to the Public Health Laboratory, Shrewsbury, for investigation. A record card for each canteen worker is kept in the County Health Department on which particulars of clinical and chest X-ray examinations and bacteriological tests are recorded.

The following particulars give some indication of this work during the year :—

KITCHENS AND SCHOOL CANTEENS

Premises		Personnel Employed				
		Supervisors	Cooks	Helpers	Others	Total
Central Kitchens ..	12	12	29	77	12	130
Self-contained Canteens	127	1	160	385	101	647
Canteens for dining only	193	—	—	352	104	456
Total ..	332	13	189	814	217	1,233

During 1959 a total of 887 examinations of canteen personnel (200 initial and 687 re-examinations) was carried out.

In 16 cases unsatisfactory conditions were found and particulars of these and of the action taken are given below :—

<i>Condition</i>	<i>Action taken</i>
Eczema	After prolonged treatment the employee was subsequently found fit to resume duty.
Dental caries (three cases) ..	Dental treatment carried out.
Cardiac conditions (two cases)	One helper resigned and the other was considered fit for light duties.
Choleocystis	After hospital treatment this employee was considered fit for duty.
Hysterectomy }	Both employees are still under treatment and are not yet fit for duty.
Arthritis }	
Sonne Dysentery	Four consecutive faeces specimens were found to be negative and the canteen worker was subsequently pronounced fit to resume duty.
Chest X-rays (six cases) ..	In five cases the results of chest X-rays were negative. In the remaining case the employee concerned failed to attend for examination and resigned from the School Canteen Service.

One employee, who was a contact of a case of Scarlet Fever, was excluded from normal duties for an appropriate period.

In addition, the persons of two Canteen Helpers indicated a general lack of cleanliness but their condition was satisfactory upon re-examination after a brief interval.

This scheme has also been extended to include personnel engaged in the preparation and handling of foodstuffs at the Boarding Schools and Hostels in the County and during the year 53 such examinations were carried out by the School Medical Officers.

SUMMER CAMPS

Summer Camps for senior pupils were again organised during May, June and July, 1959. Accommodation for approximately 60 pupils was made available at Bwlch Gwyn Farm, Arthog, Merioneth. Some 772 pupils and 56 staff passed through the camp. All the pupils were examined before admission—initially by the local School Nurse and immediately prior to departure to the camp by a School Medical Officer—and certified to be free from infection or verminous infestation before being allowed to proceed.

Arrangements were made with a medical practitioner resident nearby to provide medical services when requested.

HOSPITAL AND SPECIALIST SERVICES

Children found to be suffering from defects requiring either the advice of a Consultant or in-patient treatment are referred, preferably in collaboration with their family doctor, to the following hospitals, all of which come under the Birmingham Regional Hospital Board. Children suffering from chest conditions are seen by a Chest Physician at one of the Chest Clinics.

General Medical and Surgical Conditions :

The Royal Salop Infirmary, Shrewsbury.
 Copthorne Hospital, Shrewsbury.
 Monkmoor Children's Hospital, Shrewsbury.
 The North Staffordshire Royal Infirmary, Stoke-on-Trent.
 The Kidderminster and District General Hospital, Kidderminster.
 The Wolverhampton Royal Hospital, Wolverhampton.
 The Staffordshire General Infirmary, Stafford.

Eye Conditions :

The Eye, Ear and Throat Hospital, Shrewsbury.
 The North Staffordshire Royal Infirmary, Stoke-on-Trent.
 The Staffordshire General Infirmary, Stafford.
 The Kidderminster and District General Hospital, Kidderminster.
 The Wolverhampton and Midland Counties Eye Infirmary, Wolverhampton.

Ear, Nose and Throat Conditions :

The Bridgnorth and South Shropshire Infirmary, Bridgnorth.
 Copthorne Hospital, Shrewsbury.
 The Eye, Ear and Throat Hospital, Shrewsbury.
 Ludlow and District Hospital, Ludlow.
 Oswestry and District Hospital, Oswestry.
 Shifnal Cottage Hospital, Shifnal.
 Whitchurch Cottage Hospital, Whitchurch.
 New Cross Hospital, Wolverhampton.
 The North Staffordshire Royal Infirmary, Stoke-on-Trent.
 The Staffordshire General Infirmary, Stafford.
 The Kidderminster and District General Hospital, Kidderminster.
 The Wolverhampton Royal Hospital, Wolverhampton.

Respiratory Tuberculosis :

Shirlett Sanatorium, near Broseley.

Orthopaedic Conditions, including Fractures :

Royal Salop Infirmary, Shrewsbury.
 The Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry.
 The Kidderminster and District General Hospital, Kidderminster.

X-ray Treatment of Ringworm :

The Midland Skin Hospital, Birmingham.

Special Forms of Treatment not elsewhere available :

The Birmingham Children's Hospital, Birmingham.

SANITARY CIRCUMSTANCES OF THE SCHOOLS

In a Rural County it is quite impossible to attain anything like uniformity of standard in the sanitary circumstances of the schools, varying as they do in size, and situated as they are both in urban and rural surroundings. Many of the older schools fall far short of what is required in the matter of lighting, heating and ventilation, and the unsatisfactory nature of the sanitary conveniences at certain schools cannot altogether be justified by the limitations imposed by the absence of public services in the localities in which the schools are situated.

Under the post-war School Building Programme provision was made, as a long term policy, for the closure of certain of the older schools where the conditions were least satisfactory, and for the construction of new schools, either to replace those scheduled for closure or to accommodate the increased number of pupils resulting from the raising of the school leaving age.

The School Medical Officers are required to report any sanitary defects discovered at the time of medical inspection, and particulars of these defects and recommendations which may be considered appropriate are forwarded to the Secretary for Education with a view to their being dealt with by the Education Works Committee.

SCHOOL CLINICS PROVIDED BY THE LOCAL EDUCATION AUTHORITY

The following is a list of clinic sessions made available by the Local Education Authority at which school children may attend. School doctors' sessions operate concurrently with general child welfare clinics.

Centre	Sessions			
BRIDGNORTH	<i>School Doctor:</i>	First Monday in month	..	9.00 a.m.—10.30 a.m.
	<i>Speech Therapy:</i>	Fridays .. .. .	.. {	9.00 a.m.—12.15 p.m. 1.30 p.m.—4.30 p.m.
	<i>Audiology:</i>	By arrangement		
	<i>Dental:</i>	Tuesdays and Wednesdays	.. {	9.30 a.m.—12.30 p.m. 1.30 p.m.— 4.30 p.m.
	<i>Ophthalmic:</i>	By arrangement		
CLEOBURY MORTIMER	<i>Audiology:</i>	By arrangement		
DAWLEY	<i>Speech Therapy:</i>	Mondays .. .. .	..	1.30 p.m.— 4.15 p.m.
	<i>Dental:</i>	By arrangement		
DONNINGTON INFANTS' SCHOOL	<i>Child Guidance:</i>	By arrangement		
ELLESMERE	<i>Dental:</i>	By arrangement		
HADLEY MODERN SCHOOL	<i>Speech Therapy:</i>	Thursdays .. .. .	..	9.30 a.m.—12.30 p.m.
HAUGHTON HALL SCHOOL	<i>Speech Therapy:</i>	Mondays .. .. .	..	1.30 p.m.— 4.15 p.m.
LUDLOW	<i>Dental:</i>	Weekdays		
	<i>Speech Therapy:</i>	Thursdays .. .. .	.. {	10.00 a.m.— 1.00 p.m. 2.00 p.m.— 4.30 p.m.
	<i>Audiology:</i>	First Monday in month	..	9.30 a.m.—12.30 p.m.
	<i>Child Guidance:</i>	By arrangement		
	<i>Ophthalmic:</i>	By arrangement		
MADELEY	<i>Dental:</i>	Wednesdays Thursdays .. .. .	.. {	1.30 p.m.— 4.30 p.m. 9.30 a.m.—12.30 p.m. 1.30 p.m.— 4.30 p.m.
	<i>Speech Therapy:</i>	Mondays .. .. .	..	9.00 a.m.—12.30 p.m.
	<i>Child Guidance:</i>	By arrangement		
MARKET DRAYTON	<i>School Doctor:</i>	Wednesdays .. .. .	..	9.30 a.m.—10.30 a.m.
	<i>Dental:</i>	By arrangement		
	<i>Speech Therapy:</i>	Fridays .. .. .	.. {	10.00 a.m.—12.15 p.m. 1.30 p.m.— 4.15 p.m.
NEWPORT	<i>Dental:</i>	Mondays, Wednesdays and Fridays	{	9.30 a.m.—12.30 p.m. 1.30 p.m.— 4.30 p.m.
	<i>Speech Therapy:</i>	Wednesdays	{	10.00 a.m.— 1.00 p.m. 2.00 p.m.— 4.30 p.m.
	<i>Audiology:</i>	By arrangement		

Centre	Sessions				
OAKENGATES	<i>Dental:</i>	By arrangement			
OSWESTRY	<i>School Doctor:</i>	Wednesdays	..	..	.. 9.00 a.m.—10.30 a.m.
	<i>School Nurse's Session:</i>	Fridays	..	..	.. 9.00 a.m.—10.30 a.m.
	<i>Dental:</i>	Weekdays	..	..	.. 9.00 a.m.— 4.30 p.m.
	<i>Speech Therapy:</i>	Tuesdays	..	..	.. { 9.30 a.m.—12.30 p.m. 1.30 p.m.— 4.15 p.m.
	<i>Audiology:</i>	By arrangement			
	<i>Child Guidance:</i>	By arrangement			
	<i>Ophthalmic:</i>	By arrangement			
PETTON HALL	<i>Speech Therapy:</i>	Wednesdays	..	..	.. 10.00 a.m.—12.15 p.m.
SHIFNAL	<i>Speech Therapy:</i>	Mondays	..	..	.. 9.30 a.m.—12.30 p.m.
SHREWSBURY (a) Health Centre, Murivance	<i>School Doctor:</i>	First Friday in month	..	..	9.00 a.m.—10.30 a.m.
	<i>Speech Therapy:</i>	Wednesdays	..	..	.. 9.00 a.m.—12.30 p.m.
		Thursdays	..	..	.. 2.00 p.m.— 5.00 p.m.
		Saturdays	..	..	.. 9.00 a.m.—12.00 noon
	<i>Audiology:</i>	Third and fourth Fridays in month and by arrangement .. 9.30 a.m.—12.30 p.m.			
	<i>School Nurse's Session:</i>	By arrangement			
	<i>Child Guidance:</i>	Fridays and by arrangement	..	10.00 a.m.—	4.00 p.m.
	(b) Monkmoor (at Monkmoor School)				
(c) Education Office, County Buildings					
(d) No. 5 Belmont	<i>Dental:</i>	Weekdays	..	..	.. 9.00 a.m.— 4.30 p.m.
WELLINGTON	<i>School Doctor:</i>	Thursdays	..	..	.. 9.30 a.m.—10.30 a.m.
	<i>Dental:</i>	By arrangement			
	<i>Speech Therapy:</i>	Mondays	..	..	.. { 9.30 a.m.—12.30 p.m. 1.45 p.m.— 4.30 p.m.
	<i>Audiology:</i>	By arrangement			
	<i>Child Guidance:</i>	Wednesdays	..	..	.. 10.00 a.m.— 4.00 p.m.
WEM	<i>Dental:</i>	First, third and fifth Thursdays	{ 9.45 a.m.— 1.00 p.m. 2.00 p.m.— 4.45 p.m.		
		Second and fourth Thursdays	9.45 a.m.— 1.00 p.m.		
WHITCHURCH	<i>Dental:</i>	By arrangement			
	<i>Speech Therapy:</i>	Wednesdays	..	..	.. 2.00 p.m.— 5.00 p.m.
	<i>Audiology:</i>	By arrangement			

STATISTICAL TABLES

TABLE I. (A) PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of birth)	Number of Pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No.	% of Col. 2	No.	% of Col. 2
		(3)	(4)	(5)	(6)
1955 and later ..	57	57	100 %	—	—
1954	1,186	1,184	99.8 %	2	0.2 %
1953	2,058	2,048	99.5 %	10	0.5 %
1952	1,661	1,657	99.75 %	4	0.25 %
1951	2,069	2,069	100 %	—	—
1950	2,449	2,448	100 % (approx.)	1	—
1949	1,092	1,089	99.72 %	3	0.28 %
1948	1,190	1,189	100 % (approx.)	1	—
1947	1,269	1,269	100 %	—	—
1946	559	559	100 %	—	—
1945	1,361	1,361	100 %	—	—
1944 and earlier ..	1,569	1,568	100 % (approx.)	1	—
Total ..	16,520	16,498	99.86 %	22	0.14 %

(NOTE: Routine medical examinations are normally carried out on entry to school, at 8 years of age and again at 14 years. Entrants in 1959 are mostly those born in 1953 and 1954 and should constitute the largest numbers of examinations; the greatest number examined were in fact the 8 year olds (born in 1950—51) and include many whose examination was delayed for one year because of the priority given in 1958 to vaccination against Poliomyelitis).

(B) PUPILS FOUND TO REQUIRE TREATMENT

Number of Individual Pupils found at Periodic Medical Inspection to Require Treatment (excluding Dental Disease and Infestation with Vermin).

Age Groups Inspected (By year of birth) (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table II (3)	Total Individual Pupils (4)
1955 and later ..	—	2	2
1954	59	66	107
1953	104	136	221
1952	97	124	197
1951	122	124	227
1950	188	162	312
1949	83	92	163
1948	111	78	174
1947	135	95	198
1946	58	57	109
1945	190	96	274
1944 and earlier	259	90	329
Total ..	1,406	1,122	2,313

This table relates to individual pupils and not to defects. Consequently, the total in column (4) is not necessarily the sum of columns (2) and (3).

(C) OTHER INSPECTIONS

Special Inspections	..	..	..	1,423
Re-inspections	..	..	..	4,434
				<u>5,857</u>

(D) INFESTATION WITH VERMIN

(1) Total number of examinations in the schools by the School Nurses or other authorised persons	..	96,970
(2) Total number of individual pupils found to be infested	.. .. .	1,151
(3) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	.. .. .	19
(4) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	.. .. .	1

TABLE II

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTIONS IN THE YEAR ENDED 31st DECEMBER, 1959

(A) PERIODIC INSPECTIONS

Defect or Disease	Entrants		Leavers		Others		Total	
	Requiring:		Requiring:		Requiring:		Requiring:	
	Treatment	Observat'n	Treatment	Observat'n	Treatment	Observat'n	Treatment	Observat'n
(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Skin	31	51	31	17	93	151	155	219
Eyes (a) Vision	221	446	261	41	924	723	1,406	1,210
(b) Squint	73	36	1	—	146	98	220	134
(c) Other	11	9	3	4	27	64	41	77
Ears (a) Hearing	16	56	8	6	47	111	71	173
(b) Otitis Media	5	47	5	9	20	104	30	160
(c) Other	10	28	2	3	9	65	21	96
Nose or Throat	71	510	12	35	106	1,056	189	1,601
Speech	18	76	4	4	30	127	52	207
Lymphatic Glands	2	127	—	4	4	261	6	392
Heart	1	36	1	30	5	156	7	222
Lungs	11	153	3	11	27	288	41	452
Developmental :								
(a) Hernia	1	15	2	—	9	24	12	39
(b) Other	4	32	4	3	12	141	20	176
Orthopaedic :								
(a) Posture	3	31	1	28	11	162	15	221
(b) Feet	15	83	6	37	32	166	53	286
(c) Other	17	113	10	26	40	244	67	383
Nervous System :								
(a) Epilepsy	2	12	1	4	10	19	13	35
(b) Other	4	18	—	1	7	53	11	72
Psychological :								
(a) Development	—	51	—	9	135	143	135	203
(b) Stability	—	41	—	3	19	144	19	188
Abdomen	3	37	2	3	4	82	9	122
Other	378	109	115	23	822	248	1,315	380

(B) SPECIAL INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)	Requiring:	
		Treatment (3)	Observation (4)
4	Skin	2	10
5	Eyes (a) Vision ..	64	13
	(b) Squint ..	2	1
	(c) Other ..	—	—
6	Ears (a) Hearing ..	2	5
	(b) Otitis Media ..	—	2
	(c) Other ..	1	—
7	Nose or Throat ..	2	25
8	Speech	2	9
9	Lymphatic Glands ..	—	6
10	Heart	—	4
11	Lungs	—	9
12	Developmental :		
	(a) Hernia ..	—	—
	(b) Other ..	—	3
13	Orthopaedic :		
	(a) Posture ..	1	11
	(b) Feet ..	1	21
	(c) Other ..	5	8
14	Nervous system :		
	(a) Epilepsy ..	2	1
	(b) Other ..	—	3
15	Psychological :		
	(a) Development ..	—	23
	(b) Stability ..	—	6
16	Abdomen	1	5
17	Other	10	4

TABLE III

(A) EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases dealt with
External and other, excluding errors of refraction and squint	70
Errors of refraction (including squint)	2,930
Total ..	3,000
Number of pupils for whom spectacles were prescribed	2,391

(B) DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases dealt with
Received operative treatment :	
(a) for diseases of the ear	61
(b) for adenoids and chronic tonsillitis	534
(c) for other nose and throat conditions	43
Received other forms of treatment	83
Total	721
Total number of pupils in schools who are known to have been provided with hearing aids: (a) in 1959	12
(b) in previous years	104

(C) ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases dealt with
Number of pupils known to have been treated at clinics or out-patients departments ..	172
Number of pupils treated at school for postural defects	42
Total ..	214

(D) DISEASES OF THE SKIN (excluding Uncleanliness, for which see Part D of Table I)

	Number of defects treated or under treatment during the year
Skin :	
Ringworm: (i) Scalp ..	5
(ii) Body ..	5
Scabies	5
Impetigo	24
Other skin diseases ..	64
Total ..	103

(E) CHILD GUIDANCE TREATMENT

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority ..	251
--	-----

(F) SPEECH THERAPY

Number of pupils treated by Speech Therapists	316
---	-----

(G) OTHER TREATMENT GIVEN

	Number of cases dealt with
(a) Miscellaneous Minor Ailments	285
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. Vaccination ..	3,735
(d) Other treatment given :	
Appendicitis	83
Asthma	16
Bronchitis	14
Cardiac Conditions	15
Diabetes	8
Encephalitis	2
Epilepsy	16
Hernia	9
Meningitis	1
Nephritis	11
Osteomyelitis	7
Pneumonia	22
Rheumatism	3
Rheumatic Fever }	
Tuberculosis (Respiratory, mesenteric adenitis, cervical glands, etc.)	11
Miscellaneous	349*
Total (a) — (d) ..	4,587

*85 of this total were attendances at Chest Clinics for "check-up."

TABLE IV

(1) STAFF OF THE SCHOOL HEALTH SERVICE (excluding Child Guidance)

*Principal School Medical Officer : Thomas S. Hall, M.D., D.P.H.**Principal School Dental Officer : Charles D. Clarke, L.D.S. (Dunelm).*

		Number	Aggregate staff in terms of the equivalent number of whole-time officers
(a) (i) Medical Officers (Whole-time School Health and Local Health Services)		15	6.35
(ii) General Practitioners working part-time in the School Health Service		—	—
(b) Physiotherapists, Speech Therapists, etc.: Speech Therapists		3	3
(c) (i) School Nurses		63	13.69
(ii) Number of the above who hold a Health Visitor's Certificate		37	—
(d) Nursing Assistants		—	—
		Officers employed on a salary basis	
		Number	Aggregate staff in terms of the equivalent number of whole-time officers
(e) Dental Staff :			
(i) Principal School Dental Officer	1	0.9	—
(ii) Dental Officers	4	3.4	1.88
(iii)*Orthodontists (if not already included in (e)(i) or (e)(ii) above)	—	—	—
Total	5	4.3	1.88
		Officers employed on a sessional basis	
		Number	Aggregate staff in terms of the equivalent number of whole-time officers
(iv) Dental Attendants		7	5.95
		6	1.78
(v) Other Staff: Chief Dental Technician		1	0.54
Apprentice Dental Technician		1	0.54
Dental Hygienist		1	0.59

*The Regional Hospital Board make available the services of a Consultant Orthodontist and a Senior Hospital Dental Officer both of whom undertake one half day session per week.

(2)—NUMBER OF SCHOOL CLINICS (i.e. *premises* at which clinics are held for school children) provided by the Local Education Authority for the medical and/or dental examination and treatment of pupils attending maintained primary and secondary schools.

Number of School Clinics .. 22

N.B.—One Mobile Dental Caravan is provided by the Authority and has been in use throughout the year.

(3)—TYPE OF EXAMINATION AND/OR TREATMENT provided at the school clinics returned in Section (2) either directly by the Authority or under arrangements made with the Regional Hospital Board for examination and/or treatment to be carried out at the clinic.

Examination and/or Treatment (1)	Number of School Clinics (i.e. premises) where such treatment is provided :	
	directly by the Authority (2)	under arrangements made with Regional Hospital Boards or Boards of Governors of Teaching Hospitals (3)
A. Minor ailment and other non-specialist examination or treatment	6	—
B. Dental	13	—
C. Ophthalmic	1	2
D. Ear, Nose and Throat	—	—
E. Orthopaedic	—	6
F. Paediatric	—	1
G. Speech Therapy	14	—
H. Others : Audiology	7	—
Skin	—	1

Arrangements made with the Supplementary Ophthalmic Service have been returned in Column (2) and those made with the Hospital and Specialist Service in Column (3).

(4)—CHILD GUIDANCE CENTRES

(i) Number of Child Guidance Centres provided by the Authority 6

(ii) Staff of Centres :

	Number	Aggregate in terms of the equivalent number of whole-time officers
Psychiatrists*	1	0.18
Educational Psychologists	2	2
Psychiatric Social Workers	1	1

*The Psychiatrist is directly employed by the Authority.

(iii) The services of a Regional Hospital Board Psychiatrist are made available by arrangement with the Board.

TABLE V.—HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS APPROVED UNDER SECTION 9(5) OF THE EDUCATION ACT, 1944, OR BOARDING IN BOARDING HOMES

NOTES :

- (i) In Section A changes of special school and short breaks are ignored.
- (ii) In Section C (iii) are included all children being boarded under Regulations 17—24 of the School Health Service and Handicapped Pupils Regulations, 1953, other than those already shown under Section C (i) or C (ii).
- (iii) Section E includes pupils awaiting places in a Special School or Boarding Home, but who for the time being are attending ordinary schools or receiving home tuition under Section 56 of the Education Act, 1944.
- (iv) In all Sections children not belonging to the area of any Authority are included by the Authority which secures or seeks a place for the child.
- (v) Children suffering from multiple disabilities are classified under the major disability.
- (vi) Children in or awaiting places in Special Classes in ordinary schools are not included in this return.

	(1) Blind (2) Partially sighted (3) Deaf			(4) Partially Deaf (5) Delicate (6) Physically Handicapped			(7) Educationally subnormal (8) Maladjusted (9) Epileptic			TOTAL 1—9
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
In the calendar year ending 31st December, 1959 :										
A. Handicapped Pupils <i>newly placed</i> in Special Schools or Boarding Homes ..	5	5	1	5	21	3	35	16	2	93
B. Handicapped Pupils <i>newly ascertained</i> as requiring education at Special Schools or boarding in Homes ..	1	3	1	6	30	7	48	11	2	109

	(1) Blind (2) Partially sighted (3) Deaf			(4) Partially Deaf (5) Delicate (6) Physically Handicapped			(7) Educationally subnormal (8) Maladjusted (9) Epileptic			TOTAL 1—9
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
On or about 22nd January, 1960 :										
C. Number of Handicapped Pupils from the area :										
(1) (i) attending maintained Special Schools as										
(a) Day Pupils	—	—	—	13	—	—	1	—	—	14
(b) Boarding Pupils	10	11	—	2	5	8	132	27	5	200
(ii) attending non-maintained Special Schools as										
(a) Day Pupils	—	—	—	—	—	—	—	—	—	—
(b) Boarding Pupils	—	4	15	5	21	10	4	—	1	60
(2) attending independent schools under arrangements made by the Authority	—	—	5	3	—	2	—	1	—	11
(3) boarded in Homes and not already included under (1) or (2)	—	—	—	—	—	—	—	—	—	—
TOTAL (C) ..	10	15	20	23	26	20	137	28	6	285
D. Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944 :										
(a) in hospitals	—	—	—	—	—	24	—	—	—	24
(b) in units for spastics, convalescent homes, etc.	—	—	1	—	—	—	2	—	—	3
(c) at home	—	—	—	—	1	43	1	1	—	46
E. Number of Handicapped Pupils from the area requiring places in special schools :										
(i) Total										
(a) Day	—	—	—	1	—	—	—	—	—	1
(b) Boarding	1	1	—	2	18	10	156	1	3	192
(ii) Number of pupils included in the total above who had not reached the age of 5 years :										
(a) Awaiting day places	—	—	—	—	—	—	—	—	—	—
(b) Awaiting boarding places ..	1	—	—	—	—	1	—	—	—	2
(iii) Number of pupils included in the total above who had reached the age of 5 years but whose parents had not consented to their admission to a special school :—										
(a) Awaiting day places	—	—	—	—	—	—	—	—	—	—
(b) Awaiting boarding places ..	—	—	—	—	7	2	145	—	2	156
F. Number of Handicapped Pupils on the registers of hospital special schools	..	..	..	..	..	..	..	..	..	18

Number of children reported during the year under Section 57 of the Education Act, 1944 :

(a) under Sub-section 3 (ineducable)	19
(b) under Sub-section 3 relying on Sub-section 4 (ineducable in association with other children)	2
(c) under Sub-section 5 (requiring supervision on leaving school)	47

INDEPENDENT SCHOOLS USED BY THE LOCAL EDUCATION AUTHORITY UNDER SECTION 6 OF THE EDUCATION (MISCELLANEOUS PROVISIONS) ACT, 1953, IN RESPECT OF HANDICAPPED PUPILS.

(1) Name and Address of School	(3) State whether for Boys, Girls or both	(3) Number of pupils whose fees are being paid in whole or part by the L.E.A.	(4) Category of handicap of pupils in Column 3	(5) Age range of pupils in Column 3
Wessington Court School for Deaf Children, Woolhope, Hereford	Both	7	5 Deaf 2 Partially Deaf	5—13
Thomas Delarue School, National Spastics Society	Boys	1	Physically Handicapped	19
Shrewsbury High School for Girls	Girls	1	Partially Deaf	16
Grove School, Wem (day pupil)	Girls	1	Physically Handicapped	10
Grove School, Wem (day pupil)	Girls	1	Maladjusted	14

